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A. J. MARSTON, M. D., EDITOR.

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No. I.

Selections.

What of the Dose?

The quantity of medicine that constitutes a proper dose is an important question and has not received that attention it should, it being the custom with teachers and writers of materia medica, as regards the dose of an agent, to say, give a number of drops or drachms, to twice or thrice the amount, until the remedy acts freely. This we claim is wrong, and base our opinion upon the fact that all drugs have a dual action, a primary and secondary one, the former being in our opinion, the true therapeutical action, and the latter its physiological. We might illustrate this double action and show that they are widely different by calling attention to the first and second effects of belladonna, the first effect of this agent being a stimulant to the vasomotor nerves, producing a gently increased functional activity of the blood vessels, imparting a slight glow and heat upon the surface, with an increased circulation through the brain; if the quantity taken be large this is quickly followed by a congestion or stagnation of blood with all of its attendant symptoms, produced by the paralyzation of the same nerves that were first stimulated by it, and we now have all the symptoms that would give rise to what would be called belladonna poisoning. We might in further proof of this statement call attention to the action of a few well known remedies such as aconite, ipecac, rhus, bryonia and alcohol. Every one who has ever prescribed these agents know that when they are given in moderately large doses that

the first effects are soon followed by another and quite different action, and that the intensity of this secondary effect is comparable with the amount used; if a sufficient quantity, even death will be the result.

We claim the first impression made upon the system (in health) is the true therapeutic action of the agent, and is the one that impresses the organ or part, acted upon when diseased in such a manner as will call forth greater energy, enabling it as it were, to throw off the morbid condition which gives rise to the disease.

If this be true then the dose will be the least quantity that will renew the energy of a failing organ or that will have a tendency to restore it to its natural condition,—this much and no more. When we learn the size of the dose that will do this we give it, and repeat it as often as may be necessary to keep up this effect, being careful to not repeat often enough to bring the system under its influence sufficiently to produce its secondary action. This makes pleasant, safe, certain and scientific medication.—*Ind. Med. Investigator*.

[That the theory advanced above is the one generally accepted we acknowledge, yet we cannot agree with it, even if we are in the majority.

For a *thinking* man to accept the theory that one drop of belladonna when taken into the system, acts one way, and five or ten drops, administered the same way, acts an entirely different way, is beyond our comprehension.

All medicine *must* have its own special action—one action, not two or three. If twenty drops of tincture of aconite depresses the heart's action, as we know it will, then one drop depresses it its proportionate part, not perceptibly at first, indeed the pulse *indicates* additional strength from its administration, yet it was but the effort of nature—a successful effort in this case—to overcome its depressing influence. While its apparant effect is strength-giving, the results of its action is strength-taking, for it can but excite the power that lies in reserve, and when the excitation has passed, the system will be lowered in poportion to the exertion made.—EDITOR.]

Natura Ducit. "Follow Nature."

BY A. J. HOWE, M. D.

From my earliest recollections "Follow Nature" has been dinged in my ears. And, as a general rule, when any saying has survived

for centuries, there is something valuable or truthful in it. I well remember of "watching" a fever patient in the country one summer night, and of falling asleep in an easy chair. I had been told to give a teaspoonful of a certain medicine once in four hours, and allow the sick man a tablespoonful of water every hour. I was about twenty then, and a heavy sleeper. Why I did not sleep right through till daylight is a mystery, but I awoke about twelve o'clock, and to my startled amazement the patient had left his couch and departed. What could I do? Hunt the missing man, of course. I went out and along a porch, and there by the well-curb crouched my man, slaking his thirst and cooling inward fever with stupendous draughts from a freshly filled "old oaken bucket." I was paralyzed by the scene. The hollow-eyed, thin-fingered, gaunt figure looked more the ghost than like one having the quick of life in him. Who would think a man sick with typhoid fever for four weeks could get up and walk to the curb, and there lower a "sweep," fill a bucket at the bottom, raise the same, hand under hand, and then have strength enough to crouch and quaff the overflowing water. But my patient did it, and I had no trouble nor effort in walking him back to his bed. I asked him if he knew what he was about, and his reply was: "I followed nature; my instincts led me to water, and when I saw you were asleep I followed them. I shall get well now. I tell you these doctors kill more than they cure. They try to amend the ways of God, and their patients die." And in a strain of exaltation he quoted thus:

"Go, from the creatures instruction take;
Learn from the birds what food the thickets yield;
Learn from the beasts the physic of the field;
Learn of the little nautilus to sail,
Spread the thin oar, and catch the driving gale."

* * * * *

"Become a physician and follow nature, 'natura ducit.'"

The strange state of things and that supulchral voice impressed me profoundly. The patient had been out of his head, but was now seemingly rational. After speaking the words quoted, the refreshed invalid fell asleep and slept till morning. But I kept awake. I was too thoroughly frightened to dream of sleeping. I did not offer the medicine. I was afraid it might prove too dilute in the presence of so much water, a gallon I judged by the deep draught I saw quaffed.

In the morning by "sun up," a sister of the sick man came in with an anxious face and said audibly, "The Lord be praised, my brother is asleep." She kindly asked how I got along with him, and when I

replied "frustrate," she thanked me, and promised to speak well of me as a watcher. Mentally I replied, "No, I thank ye."

"Did you give the medicine every four hours, and when does the next dose come?" "I did not give it when he was asleep; was that right?" "Entirely right, sleep was so much needed." I felt better then, and asked permission to be excused to go home. I was happy when I got away, for I had no disposition to explain and tell how the night passed. I only know that the patient improved from day to day and ultimately recovered.

I have endeavored to "follow nature" ever since, but have not always found her so reliable as on that occasion. The poetry recited to me is not entirely sound in its teachings. The nautilus does not rise to the surface and there spread its thin oar to "catch the driving gale," but stupidly and clumsily crawls at the bottom of the sea.

I do not insist that nausea is always an indication for an emetic, but it sometimes is. And a diarrhea depending upon an intestinal fermentation is usually cured by the employment of a cathartic.

The whims and caprices of the appetite cannot always be safely followed, yet I rarely advise a food the patient says he does not like. In this I am inclined to "follow nature." Besides, nature is generally thwarted and perverted with disease when we have to deal with her medicinally. A man *mania a potu* craves alcoholic drink, yet it might not be safe to yield to the crazy man's desires. However, in some instances, an alcoholic stimulant is needed in the management of the delirium.

In general I take little stock in "wise saws," for they are deceptive. They are like oracles of old, to be interpreted according to a partisan soothsayer's fancies or inclinations.

Our Thomsonian friends are fond of declaring that they "follow nature," yet, of course, as they view her beckonings. It is a wise man who can always see where *natura ducit*. I confess to some degree of inability on many occasions. I can commonly tell which way the wind blows if the weathercock be not frozen or stuck with rust.

An ancient proverb of botanic medicine was that *minerals are in the ground* like graves, hence they should not be employed as medicines; and vegetables springing from the earth and growing were rationally the best for remedies. The argument, shallow as it is, has captured many a gudgeon.

The Scriptural statement that "the leaves of the trees are for the

healing of the nations " was probably given metaphorically, and not to establish a principle in medicine. It is easy to believe as one's mind inclines.

I have met intelligent homœopaths who firmly believe they are true followers of nature when they see a symptom which means *carbo. veg.* or *china*. They claim to observe a homœopathic relationship between a symptom and a drug, and to a certain extent they may be right. If *mercurius* has been proven to cure twitching of the upper right eyelid—proven beyond all cavil or question—the homœopathicity of the drug and symptom is plain. Nature has been followed into her *sanctum sanctorum*, and that is deep enough in the penetration of her secrets.—*Cal. Med. Journal*.

Iodoform in Chronic Cystitis.

DAVID PRINCE, M. D., JACKSONVILLE, ILL.,

in the *St. Louis Medical and Surgical Journal*.

Having given to the readers of the *Journal*, for November, 1882, a short paper on the use of iodoform in the treatment of wounds, now to call their attention to its use in chronic inflammation of the bladder.

One of the most troublesome elements of this disease is the perpetuation of a septic condition, arising, spontaneously, in the pus secreted from the mucous membrane, the decomposition creeping along the urethra and affecting the purulent material imperfectly discharged, and finally reaching the bladder, or arising from decomposing material introduced by an impure catheter.

The perpetual irritation keeps up the contraction of the muscular fibres of the bladder, while the irritated condition of the mucous membrane, acting in a reflex manner, secures painful contraction, even after the contained urine has been expelled.

Theoretically, we ought to find the benefit from those agents which subdue inflammatory action on other surfaces, but, practically, the irritation occasioned by the introduction of a catheter, and the temporarily exciting nature of the material injected, have often led to disappointment.

The medication of the urine by medicine taken by the mouth results in such a dilution of the agents in passing through the blood that they become feeble means of subduing inflammation.

They probably act chiefly through their antiseptic properties, or through the changes they effect in the constitution of the urine.

External surfaces, in a state of chronic inflammation, have their conditions changed by the application of nitrate of silver.

Following this suggestion of Dr. T. G. Richardson :*

I had formerly some success by the injection of a strong solution of nitrate of silver, immediately following it with a solution of chloride of sodium, in order to secure a complete neutralization of the redundant portion of the nitrate. This application always occasioned some pain, though followed by relief in a few minutes.

Reasoning from the knowledge of the action of iodoform upon other irritable surfaces, it seemed probable that the effect might be equally good on the bladder. For the most satisfactory effect, it seemed desirable that the vehicle should itself be free from irritating properties. Starch was thought, from its unirritating nature, to meet the requirements, and the result justified the anticipation. Five grains of iodoform, ground with twenty-five grains of starch, and moistened with forty cubic centimeters of water, of which fifteen cubic centimeters were injected, acted like a charm on the first trial. A soft catheter was introduced, through which the urine remaining unexpelled was discharged, after which the iodoform mixture was injected and allowed to remain.

In the treatment of a case, of several years duration, in a young woman, the recovery is rapidly progressing. In this case there had come a stricture of the urethra, probably through reflex spasmodic action, and in introducing the dilator for enlarging the urethra, it was punctured, the dilator passing into the vagina. The dilator was withdrawn, and passed in the right direction, and the stretching was then effected, as if no accident had happened. The iodoform injected was next made. The rent appeared to heal by first intention, as there was never any symptoms of its presence. There has since been no resistance to the introduction of the catheter, through which the mixture is daily injected.

In the case of a gentleman, who had suffered greatly for several years, there was no pain after the first introduction. He thought, after four days treatment, that the capacity of his bladder had been doubled.

* Dr. T. G. Richardson, in the *Medical News and Library*, Philadelphia, June, 1878, advises the injection into the bladder of twenty to sixty grains of nitrate of silver in an ounce of water.

Dr. J. N. Thornton, in H. C. Lee's *Monthly Abstract*, for July, 1878 (from the London *Lancet*, June 1, 1878), recommends an acid solution of sulphate of quinia.

It is suggested that the treatment of moderate strictures of the urethra, accompanied by vesical inflammation, may be advantageously managed by a precursory treatment with iodoform and starch, after which the treatment by electrolysis and the mechanical means for dilation may be employed.

It is anticipated, from this experience, that the treatment may be employed for gonorrhœa.

The employment of pencils or bougies of iodoform in gelatine has been very satisfactory, but their retention cannot be prolonged beyond the first act of micturition. In the employment of the first injection, it may be expected that the iodoform will not be completely expelled by the first passage of urine, on account of the adhesion of the heavy crystals of iodoform to the mucous membrane.

[We have the greatest confidence in Dr. Prince's plan of treatment, for we know the good results of iodoform used in other and similar cases. Where they can be retained, as in the vagina, cervical canal, and cavity of the uterus, iodoform suppositories give the very best of satisfaction; here they are very much better than injections.—EDITOR.]—*Am. Med. Journal*.

Diagnostic Value of Uterine Hemorrhage after the Menopause.

During the course of a late clinical lecture on malignant diseases of the cervix uteri, Dr. T. Gaillard Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspects carcinoma. Not infrequently will you see in the medical journals the reports of cases begun to menstruate reguallly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as the return of menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but simply a form of

polypus. I am perfectly sure, however, that the microscopist is wrong and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*N. Y. Med. Journal.*

Operating by the Electric Light.

A short time since the electric light was used in the operating-room of the Royal London Ophthalmic Hospital, Moorfields. Mr. Lawson, Mr. Couper, and Mr. Tweedy each performed extraction of cataract, as well as other operations, including iridectomy for acute glaucoma and discission for soft cataract by the aid of the light. The day was well suited for the trial, as the early part of the morning was very foggy, and so dark that the operations could not have been performed without the aid of artificial light; later on the fog cleared off, and the room was then darkened, and several operations were satisfactorily completed with the aid of the new light. The excellence of the light for operations on the eye was well demonstrated, and we have no doubt that it will be shortly in use in most hospitals for operations by night or on dark days. The light was furnished by a platinum wire incandescent burner placed in a metal case, with a polished reflector behind and a lens in front of it. This was fixed on a movable stand, which could be carried in the hand of the assistant. With wires the lamp was connected with a bichromate of potash battery with four two-quart cells, each cell really holding only about one quart and half a pint of the solution, so as to allow of the immersion of the plates. The battery was furnished by Messrs Weiss, of the Strand.—*Lancet.*

Society Proceedings.

THE KANSAS ECLECTIC MEDICAL ASSOCIATION.—We have received the following announcement for 1884, from the President of the above association:

“Pursuant to adjournment, the Sixteenth Annual Meeting of the KANSAS ECLECTIC MEDICAL ASSOCIATION will be held at Topeka,

commencing February 5th, 1884, at 10 o'clock, A. M.; remaining in session three days.

"The head-quarters of the officers of the Association will be at the office of S. E. Martin, M. D., No. 110 Sixth Avenue East, where all visiting guests may receive any desired information pertaining to the Society. The local committee, consisting of E. A. Tuttle, M. D., W. C. Hamilton, M. D., and S. E. Martin, M. D., will provide the place of meeting and hotel accommodations.

SOCIETIES.

"Auxiliary Societies will be entitled to five, and Medical Colleges to two, delegates each. They are especially requested to send representatives, as important business relative to the profession will be transacted.

PROPOSED CHANGE OF THE CONSTITUTION.

"Due notice has been filed by "Dr." R. G. Carter, that an amendment to the Constitution and By-Laws will be submitted at our next annual session, as follows :

"To change Article IV. of the Constitution, so it will permit members of the Society who are not graduates in medicine, to become officers of the Association.

QUALIFICATIONS FOR MEMBERSHIP.

"Any physician in good standing, who is a graduate of some regularly organized Medical College, and holding a legitimate diploma, or who has been engaged in the reputable practice of medicine for five years, may, upon recommendation of one or more members of the Society, and with the endorsement of the Board of Censors, become a member of the Association.

"Traveling mountebanks and persons presenting diplomas from disreputable colleges, will receive a cool reception.

APPOINTMENTS FOR 1884.

"The following persons have been designated as special essayists for the Annual Meeting of 1884. Should any of them not be satisfied with the subject assigned, they may make their own choice. Necessity compels special appointments, and they are usually made out of the personal acquaintances of the presiding officer. At least it is so at this time.

"Yet I urge every member of the Association to choose some topic and prepare an essay. There can be no lack of subjects. Every member has learned something new in medicine during the past year. Then please report it.

“Use of Antiseptics in Medicine, J. H. Bonebrake; Vaginitis, C. N. Bishop; After-impressions from Amputations, G. H. Brown; Cure of Remitting Fevers, S. B. Boyer; The use of Emetics, E. Crosby; How to remove Corns, D. Cunningham; Diabetes, R. P. Douglas; Medical Institutes, A. M. Edison; Sanitation among the Mennonites, C. A. Flippen; Use of Alcoholic Medicine, L. M. Foster; Gelsemium and its uses, J. L. Furber; Parasites, Mc. Green; Mind vs. Disease, S. D. F. Gurney; Gynæcological Improvements, H. Kerby; Gonorrhoea in the Female, O. C. Knight; Army Surgery, J. M. Mash; Uterine Displacements and their Treatment, D. B. McKee; Treatment of Ovarian Tumors, Wm. McMullen; How to remove Warts, C. J. Montgomery; Improvements in Surgery, E. L. Patee; Specific Medication, from an Eclectic Standpoint, R. C. Raymond; Pulmonary Calculi, S. M. Rolph; Diseases of the Nervous System, D. W. Scott; the Code of Ethics, W. C. Sweezy; Improvements in the Theory and Practice of Medicine, N. Simmons; Asthma, E. Swartz; Ancient and Modern Eclecticism, T. J. Upshaw; Dyspepsia, J. M. Vaughn; Radicalism vs. Regularism, J. M. Welch; Pathology of Puerperal Fever, J. F. Wellman; Abortion, J. A. Willey; Early History of Medicine in Kansas, C. Williamson; Legislators as Educators, E. V. Wharton.

OFFICERS.

President: T. ARTHUR WRIGHT, M. D., Lyon County. *First Vice-President*: J. MILTON WELCH, M. D., Linn County. *Second Vice-President*: A. H. VAIL, M. D., Wyandotte County. *Secretary*: NOAH SIMMONS, M. D., Douglas County. *Treasurer*: S. E. MARTIN, M. D., Shawnee County.

Dr. Wright informs us that “the State has 650 reputable practitioners of the eclectic school of medicine, and a Society of 250 working members.” Surely the progress of eclecticism in Kansas is most flattering. If there is a surplus of good eclectics there, send them to Massachusetts, we want them.

Massachusetts Eclectic Medical Society.

The twenty-third semi-annual meeting of the Massachusetts Eclectic Medical Society, was held at the Revere House, Boston, January 9th. There was a good attendance. The meetings of this body of Eclectics are usually entertaining, and this one was by no means an exception to the rule. The essays read were generally good and upon

timely topics ; the subjects of which we give : "Congenital Malformations," by A. L. Chase, M. D., Randolph ; "The Rubber Bandage in the treatment of Diseases of the Testicles," by A. J. Marston, M. D., Worcester ; "Albuminuria," by H. H. Brigham, M. D., Fitchburg ; "Diseases of the Bladder and their Treatment," by H. D. West, M. D., Southbridge ; and "Archangelica Atropurpurea as a remedy in Atonic Dyspepsia," by Abel Wares, M. D., Haverhill. Discussions followed the reading of each paper. The semi-annual dinner at 1 o'clock was a pleasant affair.

The Boston District Eclectic Medical Society,

The annual meeting of this Society was held at the Park House, Boston, Tuesday evening, January 8th. This being the time for the election of officers for the ensuing year, no other business was done. The following named gentlemen were elected :—

President, J. P. Bills, M. D., Falmouth ; Vice-President, R. A. Reid, M. D., Newton ; Secretary, Pitts E. Howes, M. D., South Boston ; Treasurer, John Perrins, M. D., Boston Highlands ; Councillors, Drs. F. L. Gerald, Hyde Park, C. E. Miles, Boston Highlands, and R. W. Geddes, Winchendon.

At 9 o'clock the Society sat down to their annual supper, when, after discussing the tempting vivands before them, a time was given to speech-making and social intercourse. It was an enjoyable meeting.

The National.

The following subjects have been assigned to men in this vicinity by president Younkin : "Hygiene," M. Green, M. D. ; "Anæmia," R. W. Geddes, M. D. ; "Rest as a Therapeutic Agent," A. J. Marston, M. D. ; "Diseases of the Labarynth," John Perrins, M. D. ; "Relation of the Medical Profession to Proprietary Medicines," R. A. Reid, M. D.

Editorial.

The Right to Advertise.

Before deciding this question in the affirmative, the physician ought to place himself in a position where he may be at liberty to act according to his own inclinations. When a body of medical men

form an Association and make laws to govern its actions it is expected that each individual member will abide by them. If the "code" is found too severe for some "independent" spirit, let him take himself off, where he can act according to his own idea of "manliness"; for, unquestionably, to remain in the society of those who are law-abiding and deliberately violate the prescribed rules, must be wrong of itself.

There is a prevailing idea among a certain class of physicians that it shows great independence and "manliness" to get their names into the public prints as much as possible, it mattering not how; this class we insist should sail in a craft of their own building, and not "ship" with those who do not prefer such independence.

Very many believe it is as proper for a doctor to advertise his wares as it is for a merchant to do so, and we admit there are some grounds for the assertion. If the truth *only* were told no harm would come of it, but there is such a good opportunity to exaggerate the qualities of the "wares," that few neglect to profit by it when once the advertising business is begun; thus it becomes a questionable means of making money. Most patent medicines are advertised to cure about "all the diseases that flesh is heir to,"—an undoubted possibility,—and to sympathize with such pretensions savors much of quackery.

"The Family Physician."

Under the above caption *The Polyclinic* makes some very sensible remarks concerning the possible duties of the future practitioner of medicine. We quote the article.

"The relations of the family physician to his patients are undergoing some change. Division of labor and the march of specialism have in some degree disturbed the spirit of affectionate intimacy which formerly prevailed in communities as a charming feature of professional intercourse. Few physicians now commencing practice will realize in their own persons the confidential relations maintained by their venerable seniors as an inheritance from parents to children and grandchildren.

"The attention attracted to preventive medicine, however, will open a new rôle for the establishment of relations perhaps still more important, between families and their medical advisers. It is not unlikely that the period is approaching which will demand the employment of the physician to prevent disease as well as to treat it. An

additional duty would then devolve upon the family attendant. He would assume systematic supervision of the hygienic economy of the family and the individual. He would assure himself of the health of the little ones by periodic visitations, especially during the prevalence or approach of epidemic and endemic maladies, and at periods of importance in the lives of those threatened with disease by inheritance. In this way he would keep prepared to give promptly such general or special advice as would best tend to invigorate and protect those under his professional care. Remuneration for this general supervision should be provided for by special contract, independently of all fees earned in attendance upon actual disease. If prevention be better than cure, it should at least be as well paid for."

It is not to be expected that the author of the above would acknowledge that to the Eclectic school belongs, to a great degree, the honor of attracting the attention of the profession and the public to the importance of "preventive medicine"; yet such is the fact. Many of the Eclectic societies have recently made this matter a special subject for discussion. To Milbrey Green, M. D., of Boston, great credit should be given for his untiring efforts in behalf of this important branch of medicine.

Colorless Iodine.

Percy Boulton, M. D., writes (in the *Lancet*) that if a drachm of the tincture of iodine and six ounces of hot water be put in an open vessel, to which add twelve grains of phenol, and stir with a glass rod, the solution will be at once bleached. James Leathurn, M. D., also states that sulphurous acid added to the liniment or tincture of iodine of the Pharmacopœia, produces a colorless solution. He says, "I have used this combination for years with very satisfactory results. The liniment of iodine bleached in this way and suitably diluted is invaluable in ozæna and in most diseases attended with fetid discharges. For chilblains, before the skin breaks, is excellent as a paint, and, if used early, cures them. For enlarged glands, rheumatics, and other painful affections of joints and muscles, erysipelas, for many cutaneous diseases, and generally wherever iodine and sulphurous acid may be used externally, this combination will be found most useful. It does not stain the skin. It may be used or spray, or diluted as a lotion or injection.

Tongaline.

We wish to call the attention of our readers to this remedy, which is advertised on another page. . Having a case of neuralgia recently, which did not improve under the ordinary treatment, we had Messrs, Bush & Co. order some Tongaline for us, which we gave our patient. It proved an admirable remedy, relieving the pain before many doses had been taken. Since then we have had occasion to prescribe it again and with the same good results. We believe Tongaline is destined to become *the* remedy for neuralgia. The testimonials from noted physicians and surgeons given, tend to strengthen the prediction. Try Tongaline and you will thank us for the suggestion.

Transfer of Keystone Medical Journal.

The above Journal comes to us from a new place, in a new dress, and with a new man at the helm; Dr. A. B. Woodward having turned over the editorship to Dr. H. B. Piper of Tyrone, Pa.

If we are to take the first number since the change to be a sample of what is to follow, the physician who subscribes for 1884, will not regret it. It is full of good things. We wish the worthy editor a Happy New Year, with his enterprise.

By the way, that "Eureka Chair" is a good thing. We have one in our office and it fills all requirements as a gynecological, and general operating chair, and to cap the whole, it can be folded up to six inches in thickness and placed against the wall, or in a closet; then another important advantage it has is its *cheapness*, \$15.00 being the price asked. All orders given through the JOURNAL will receive a year's subscription free. Write for particulars.

Two Things Requisite for Success.

In order that any article may readily be disposed of at a fair price, two things are required, viz: first, it must be a *good* article, and one that is *needed*; second, it must be *made known*.

The truth of this statement can be no better demonstrated than by mentioning the remarkable sale in this city, of Geddes' Extract of Hemlock. Previous to the insertion of their advertisement in the JOURNAL, in October last, little if any was sold here, while within a few days a clerk in one of our prominent drug stores informed us that they had dispensed over *ten dozen bottles* of the extract. While the remedy is of great worth, it still needed to be *introduced* to the profession, in order to become known and used.

BOOK NOTICE.—DIGEST OF MATERIA MEDICA AND PHARMACY, BY ALBERT MERRILL, M. D., Professor in the American Medical College, St. Louis, Mo., and member of the State Board of Health of Missouri. P. Blakiston, Son & Co., Publishers. \$4.00.

The author of this book has happily succeeded in getting a large amount of practical matter into a small compass. It is the result of an unusual experience as a chemist, analyst, teacher and physician. While it avoids all speculative theories, it presents the cardinal principles of pharmacy in a comprehensive manner. In fact, it will meet a want hitherto unfilled: a book of reference for the physician, the medical student and the druggist. We bespeak for it a large sale, as it undoubtedly deserves.

Miscellaneous.

Some of the Peculiar Merits of "The Eureka Chair."

It is capable of being placed in any position required, by the surgeon or gynecologist, from a perfectly horizontal table to an examination chair. It is uncomplicated in its structure, and easy in its action. It can be folded *easily* and *instantly*, from any of its various positions to fill a space but six inches in thickness, thereby it may easily be taken in the surgeon's carriage to the residence of the patient; or it may be placed against the wall of the physician's office and thus occupy no more space than a good sized picture.

It being constructed entirely of wood, iron and steel, it is indestructable. It is easily kept clean. It is handsome; and last, but by no means least, it is the *cheapest* chair ever offered to the medical profession.

A Specific for Singultus.

This very common affection of infants, and children especially, has a specific remedy, at least one which I have never known to fail. Moisten granulated sugar with good cider vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated. I have used it for all ages, from infants a few months old to those on the down-hill side of life.—*Henry Tucker, M. D., South Med. Record.*

Ingrowing Nails — Carbolic Acid.

There is one other trouble for which pure carbolic acid does better than anything I know of, namely, ingrowing nails. The melted acid runs in between the nail and the irritated flesh, and allays the irritation. In every case where I have used it the pain ceased at once, and the recovery was immediate.—*Boston Four. Chem.*

Diet in Bronchitis and Asthma.

A full meal with its resulting pressure upon the diaphragm is frequently followed by sudden death in patients suffering with bronchitis and asthma. Such persons should always leave the table hungry, and in selecting food should give the preference to concentrated nourishment, avoiding soups or other liquids, and all substances the ingestion of which causes flatulence.—*Phrenological Journal.*

Remarkable Coincidences.

The great Virchow and Dr. Gunn believe (i. e. according to the *Medical Tribune*), it shows "manliness" to violate the rules of the societies which they are members of; while *The London Lancet* and the JOURNAL agree that it would be more honorable to abide by the code. "When with the Romans do as the Romans do."

Hydrocele.

F. C. Vandervort, in *Peoria Medical Monthly*, says that one drachm of pure alcohol injected into the sac after tapping, and left in the sac, is better than tinct. of iodine—more certain as a curative measure.

ST. LOUIS, October, 10, 1883.

I HAVE delayed replying to your request for my experience with Tongaline until I could observe its action in a larger number of cases. Am now convinced, after testing its virtues in some exceedingly severe and obstinate cases, that Tongaline possesses decided and marked curative properties in rheumatic neuralgia and also in many instances of muscular rheumatism.

Yours truly,

WALTER COLES, M. D.

better
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Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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VOL. III.

FEBRUARY, 1884.

No. 2.

Original Communications.

Poisoning by Arsenic?

BY W. B. GRAHAM, M. D.

On June 10th, I was called upon to prescribe for a man that was said to be very sick; the messenger, a youth of about fourteen years of age, saying that the patient had been vomiting for two or three days. I questioned the boy closely as to the history of the case, but the information received was such that I felt somewhat doubtful in regard to my prescription being of any benefit, as it appeared to me that there was some trouble that I had not yet learned. However as a prescription was insisted upon I gave the following :

R Bismuthi Subnitras, grs. xviii.
Morph. Sulph., grs. i.
M. Ft. chart. No. vi.

SIG. Dose, one powder every three hours, in a little water.

R Sodæ Sulphis, grs. xxx.
Ft. chart. No. vi.

SIG. Dose, one powder every three hours in alternation with first prescription.

June 18th the messenger returned, stating that the vomiting had ceased in about two days after taking the first powder, but his bowels were now "running," having as many as twelve motions in twenty-four hours; and that the patient was hardly able to raise in bed.

After considering the matter a moment I remarked that I did not like to send medicine, as I believed there was "a cat in the meal;" but medicine was insisted upon and I complied as follows:

℞ Bismuthi Subnitras, grs. xviii.
 Morph. Sulph., gr. i.
 M. Ft. chart. No. vi.

Sig. Dose, one powder every three hours.

June 20th, patient visited me at my office. He was brought to me in a spring wagon on a bed, and when taken out and laid on the counter I thought we would have a funeral, but after giving him half an ounce of brandy and allowing him an hour's rest I obtained the following history. June 6th, was taken very sick with burning pain at stomach and severe vomiting; the pain, as described by the patient, extending from the mouth to the anal outlet. The matter vomited was bilious. There had been and still was a feeling of heat, dryness and constriction of the throat with difficulty of swallowing.

Abdomen was tense, stools bloody, tenesmus, and heat; there was excoriation of anus, urine scanty, pulse quick small and irregular, with palpitation of heart, and trembling of the entire body. There was entire prostration of physical powers. Headache since he was first taken sick, to the 17th, eleven days. I gave the case a thorough examination and came to the conclusion that it was arsenical poisoning. Prognosis: death. However, concluded to give the chemical antidotes: calcined magnesia alternated with hydrated protoxide of iron, in full doses, with ol. ricini as a protector and to move the bowels. Ordered liquid diet, as beef tea, gruels, etc.; no stimulants as I considered them of doubtful utility. We returned him to his bed and he was driven away, as I supposed to die, but instead he began soon to improve under the new treatment. June 28th, learned that he was in good health and ready for another dose. I learned sometime afterwards that he was a notorious thief, and that it was generally believed in the neighborhood that "the butter which he stole had been doctored for his benefit."

The question is, could I have been mistaken in my diagnosis? and if it was not arsenical poisoning what was it? I have been practicing medicine for twenty-five years, and this is the first case of the kind I have met with. I do not claim infallibility but to me the symptoms were so plain of poisoning that I could come to no other conclusion. I am free to say that I was surprised to hear of his recovery after seeing his condition at my office, and many others who saw him at

the same time expressed themselves of the feeling that he must die. I would like to have the views of the profession on the above case, through the columns of the Journal, as to the diagnosis and treatment.

VINEYARD HILL, OHIO.

Selections.

On the Use of Carbolized Sawdust as a Dressing in Antiseptic Surgery.

By H. P. SYMONDS, Surgeon to the Radcliffe Infirmary, Oxford.

One of the drawbacks of the usual antiseptic dressing is the rapidity with which the discharges come through on the first day or two after operation, often necessitating the redressing of the case within a few hours. To prevent this, and yet not to interfere with the aseptic condition of the wound, is a distinct advantage both to the patient and the surgeon. The material I have used recently in a considerable number of cases is coarse sawdust, soaked in (1 in 10) solution of absolute phenol and spirit of wine, then allowed to dry slightly so that the spirit may evaporate, leaving the sawdust charged with carbolic acid. When used it is enclosed in a bag made of several layers of gauze, and applied outside the deep dressing, the usual external dressing being put over it. The sawdust thus takes the place of the padding of loose gauze which is generally used. Its absorbent power is very great, and it has the additional advantage of keeping up an equable pressure on the divided tissues. I find that fourteen ounces of sawdust will readily absorb about one pint of fluid.

The following cases in which this dressing has been used form a successive series, taken without any selection.

CASE 1.—Amputation through the middle of the arm for disorganization of the elbow-joint and necrosis of the humerus. The operation was done on July 24th. The stump was dressed at the end of twenty-four hours in order to remove the drainage-tube. On July 30th the dressings were changed and sutures removed. The wound was quite healed, with good union throughout. The patient was discharged from the infirmary seven days after operation.

CASE 2.—A woman, aged sixty-one, with extensive scirrhus of the breast. On August 10th the whole breast was removed, and the axilla cleared of glands. Two drainage-tubes were put in the wound. Dressings changed on the 12th to remove the tubes, and again on the

17th, when some of the sutures were taken out. On the 19th the wound was thoroughly healed, and the patient left the infirmary.

CASE 3.—A man aged forty-eight. Amputation of forearm for large sarcoma in the back of the hand. Operation done on August 3rd. Drainage-tube removed in twenty-four hours. Wound dressed again seven days after the operation, when complete union had taken place.

CASE 4.—A middle-aged woman, with compound dislocation of the elbow, admitted August 11th. She had a small wound on the inner side of the right elbow. Both bases were dislocated backwards, and the inner condyle chipped off. The joint was dressed antiseptically, a counter opening made, and a small drainage-tube passed through. This was removed in twenty-four hours, and the dressing not changed again for four days. No soaking through took place, and the wound remained aseptic. The highest temperature 99-4°.

CASE 5.—Removal of an adenoma from the breast of a girl aged eighteen. This case occurred in private practice. Drainage-tube removed in twenty-four hours. Dressed again on the seventh day. The incision was quite healed.

In all these cases complete primary union took place without any formation of pus. In only one did the temperature reach 100°, and that on the day after operation, after which it became normal. I have not quoted these cases as being at all remarkable, but merely as common instances in antiseptic surgical practice in which the sawdust dressing was used. Surgeon-Major Porter, in "The Surgeon's Pocket-book," states that he has used sawdust as a dressing in suppurating offensive wounds; but I am not aware that it has been tried, when prepared in the way I have described, in antiseptic dressing. The three points in its favor are its powerful antiseptic qualities when saturated with carbolic acid, its great absorbent power, and its adaptability to any surface. I may add that the sawdust should be coarse, as I find that if it is very fine it passes through the gauze and irritates the skin.
— *Lancet*.

Rhamnus Purshiana.

The re-appearance of reports on this drug, which a few years ago excited such a considerable degree of professional attention, has characterized the periodical literature of the present months of 1883. The cause of this renewed attention to this drug on the part of the medical writers is more directly traceable to the interest which it has ex-

cited during the past year in Great Britain. The British Medical Journal has contained a number of very flattering reports on its efficacy, and the other journals have contained similar reports. The drug seems to have obtained a very strong foothold among our conservative brethren of the British Isles, and judging from the reports which have been given of its action in their hands, it is fulfilling the requirements of a tonic-laxative in that country.

The *Therapeutic Gazette*, for December, contains a symposium on cascara sagrada, from which we select some facts which do not seem to have been very generally familiar. Dr. C. W. Tangeman, of the Medical College of Ohio, has subjected it to a series of physiological experiments, the results of which he contributes as follows :

1st.—Cascara sagrada, when given in small doses (fifteen or twenty drops), acts like a vegetable bitter on the stomach ; it increases the flow of gastric juice, stimulates the peptic glands to increased action, thereby bringing about healthy gastric digestion.

2d.—It acts on the sympathetic nervous system, sending an increased blood supply to the intestines.

3d.—It increases to a limited extent peristaltic action of the small bowels, but increases it very much in the colon, and especially in the rectum.

4th.—It has a specific action on the rectum in the way of peristalsis, to cause this portion of the bowel to unload itself.

5th.—It does not affect the passage of the food in the small intestines any more than a bitter tonic would.

6th.—It is not a safe remedy in pregnancy or uterine disorders, especially when given in cathartic doses.

7th.—It does not affect the larger glandular organs, liver, pancreas or spleen, even when given in cathartic doses.

8th.—Hypodermically the remedy will never produce the permanent good results in chronic constipation that are obtained when it is given by the mouth.

9th.—When employed subcutaneously it acts simply as an evacuant to the rectum.

10th.—The same quantity given hypodermically that produces marked effects when administered by the mouth, will not have the same effect clinically or physiologically.

Dr. T. L. Wright, of Belfontaine, O., discusses the applicability of cascara cordial, of which *rhamnus purshiana* is the base, in the treatment of the constipation of elderly persons. In this class of cases

many of the symptoms which are usually associated by physical decay are directly traceable to constipation, and Dr. Wright has found that cascara cordial, through its tonic-laxative properties, removes this condition greatly to the improvement of the person's spirits.

Dr. F. C. Herr, physician to the South-western hospital of Philadelphia, after extolling the value of cascara cordial in dyspeptic disorders, speaks very highly of the preparation as a vehicle for the administration of the most unpalatable drugs. He regards the encroachments of homœopathy upon regular medicine as largely due to the persistent refusal of the old school of practitioners, so-called, to accede to the demands of a sick public for palatable medicines. He has found in cascara cordial a vehicle which at once succeeds in disguising the taste of many disagreeable drugs, and at the same time meets the indication so commonly present for an easy and agreeable laxative. In discussing its applicability in the treatment of young children he has found in this cordial a preparation which is calculated to supplement to a very large degree the "carminative bottle," which has been in so much demand among young children. These baby-mixtures are too often unsafe and should be given with a spare hand, and if cascara cordial shall be found on future trial to verify Dr. Herr's claim for it it will indeed prove to be a very valuable addition to the physician's armamentarium.

Treatment of Tonsillitis.

Dr. S. Solis Cohen gives the following treatment, which he says is pursued at the Philadelphia Polyclinic with eminent success.

1. In simple inflammatory tonsillitis, take two fluid drachms each of the ammon. tinct. of guiac. and the comp. tinct. of cinchona, mix with six fluid drachms of clarified honey and shake together until the sides of the vessel are well coated; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This is to be used as a gargle every one-half to three hours. Relief is usually experienced within a few hours and recovery is prompt. A saline cathartic may accompany the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such accidents are very unlikely.

2. In rheumatic or constitutional tonsillitis (characterized by intense pain in swallowing, causing great accumulation of saliva from unwillingness to swallow, with slight, perhaps no, congestion of throat

and subsequent fever; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes developing later), after a saline cathartic, give the following in tablespoonful doses every two hours:

R	Sodii salicylate,	.	.	.	.	.	3 ij,
	Ol. gaultheriæ,	.	.	.	.	.	M j,
	Liq. ammon. citrat.,						
	Syrup simp.,	.	.	.	.	.	3 ij.

Lengthening the intervals as the pain subsides. Pieces of ice or guiac garle promote comfort and the stiff neck is best relieved by faradization. Salicylate of quinine or cinchonidine may be substituted for the above if a tonic be required. in five-grained doses every four or six hours.—*Medical News*.

Corrosive Sublimate in Gonorrhœa.

Dr. Joseph McChesney, of Deming, New Mexico, contributes to the *Therapeutic Gazette*, for December, a report of a series of seven cases of gonorrhœa in which he employed by way of treatment, only a solution of corrosive sublimate, one grain to six ounces of water. The results are already very surprising. In several of these cases this injection was resorted to after a long and unsuccessful course with the ordinary remedies in such cases, and the result was uniform success. He resorts to these injections, which he gives once every four hours, after the subsidence of the acute stage. He is very confident that properly applied this solution will effect a cure of the gonorrhœa, within from eight to ten days after it has been resorted to.

Vesication of Diphtheria.

Dr. W. F. Bartlett, of Buffalo, New York, communicates to the *Therapeutic Gazette*, for December, the results of his experience in the use of cantharidal blisters in diphtheria. His plan is to apply the blister immediately on the appearance of the exudate in the throat. The theory is that the materies morbi is eliminated through the blistered surface, while the counter-irritation thus caused relieves also the engorged pharyngeal surfaces. He regards the exudate in the throat as merely an announcement of the presence of the poison in the blood, and that from the nature of the epithelium or impinging of inspired air primarily upon those surfaces, the partial elimination of the morbid element is accomplished.

Editorial.

"The Curse of Modern Eclecticism."

Under the above head "Eclectic" writes (in the *Kansas Medical Journal*), an article that every lover of true eclecticism should read and ponder. It is beginning to force itself upon the minds of eclectic leaders that the gravest of all mistakes made by the modern eclectic school, and one which has, and is retarding the progress more than all others, is the affiliation with "so called" eclectics from either of the other schools of medicine, thus seemingly acknowledging that the new school is no school, that it is simply a band of doctors having no special system, but clinging together for mutual protection. Twenty-five years ago an eclectic could tell the difference between his practice and the allopathic or homeopathic, but in these days not many can define eclecticism except that it is "a liberal school which allows us to treat the sick as we like, without any established principles to guide us"; and, when told that the allopath is thus liberal they try to get out of the corner by throwing up: "the allopathic 'code' does not allow them to go outside of their own school, while ours does;" which is a pretty small hole to crawl through.

"Eclectic" says: "The public joyously embraced the New School of Medicine, because its apostles practiced and taught a safer system of medicine than their *confreres* of the bigoted, murderous Old School. So long as the earlier eclectics practiced their system according to the fundamental principles of their predecessors in reform, just so long everything went on smooth enough. But when they were desirous of establishing schools of learning of their own, then the trouble commenced. The positions of anatomist and surgeon had to be filled by the more liberal and erudite of "Mother Old-School," and the former good feeling was thereby disturbed. That you cannot teach new tricks to an old dog, is a lasting and true saying.

"Attracted by the lucre of a successful and paying practice, other liberal allopathists who could not get a living in their own school, were easily recruited into the ranks of eclecticism. If they did not quite comprehend the fundamental doctrines of the new faith, recourse was had to their earlier conceived notions of allopathy, with all its inconsistent crudities and depletive system of the healing art. Thus was created a mongrelism, which since has proven to be the *curse of modern eclecticism*."

No one can deny the truth of the above, however disagreeable it may come home to us. Why, we have a medical college in New England advertised as eclectic, yet, by way of inducements, to secure patronage, informs the student that there is but one educated eclectic in the faculty and he is well posted in allopathy, and that they teach all the excellencies of the allopathic school! Surely the principles of eclecticism are not very prominent in the minds of these teachers of medicine; yet they claim to be eclectics, and even ask for recognition and support of the State Eclectic Societies. If our students wish to learn the principles of the New School of medicines let us send them to eclectic *teachers*, but if they are inclined to favor "Mother Old School," for pity sake let them be taught the "simon pure" article, and secure their proper credentials.

In a valuable article (in *The Mass. Eclectic Med. Journal*) Dr. C. E. Miles says: "If then the statement be true that eclecticism in medicine is an entity because it is founded on the principles enumerated in the previous paper, we reiterate with emphasis, that its first ground for aggression is in the dissemination of those principles, under its own banner, with the earnestness, candor and courage of believers in, and possessors of, great truth.

"But if it has no such foundation, then is it the greatest folly that it should make claim for recognition as a system of medicine — though it might indulge in the pastime of quibbling over the 'points of honor' in 'medical etiquette,' and 'codes,' and 'ethics,'— and its only place would be in the body of 'regular' medicine."

Eclectic Only in Name.

The Massachusetts Eclectic Medical Journal takes us,—together with several other eclectic journals,—to task for not using the word "eclectic" on our title page. The February number of the above journal arraigns us as follows, under the caption: "Are they ashamed of the name," Saying: "A non-professional friend recently called our attention to the fact that while one could not long peruse any homœopathic journal without discovering to what 'school' it belonged, the eclectic journals with two or three exceptions, differed in no respect, that he could see, from allopathic periodicals of a like degree, even the name eclectic being withheld from the cover. He intimated that they doubtless derived additional patronage thereby, both from advertisers, and from subscribers belonging to other schools of medicines, and suggest-

ed, as a point of policy, that we drop the word eclectic from the name of the journal. We could not deny the seeming truth of his statement, for of the journals supposed to be 'devoted to the interests of eclectic medicine' we have, beginning nearest home.—*The Eastern Medical Journal, The Medical Tribune, The Keystone Medical Journal, The Chicago Medical Times, The American Medical Journal, The Minnesota Medical Mirror, The Kansas Medical Journal*, and one we believe in California, upon which the name eclectic does not appear, while of these which announce themselves as eclectic, one or two contain but little of that doctrine.

Are they ashamed of the name, or does policy prompt its omission?" * * *

We were not a little surprised to be thus accused of non-profession of faith by the Massachusetts *Eclectic Medical Journal*. Why, *we* believe almost any kind of a *name* will do for a magazine if within its covers there may be found its creed beyond controversy. Those who read the JOURNAL will not be long in doubt as to the "school" of medicine it is devoted to, even to one unacquainted with the principles of eclecticism. On the other hand, our neighbor has "eclectic" emblazoned on the outside, while within all is darkness.

Until Dr. Miles' two recent articles on "The aggressive points in eclecticism" published in that Journal, we believe no effort has ever been made to explain our special mode of practice; unless it be in this same editorial, when he says: "To us eclecticism means all that is best in medicine, and beneath it is a principle that will never die." Surely this is devotion to the "cause"; but let the "non-professional" look over the back numbers of this magazine and he will be puzzled to know which mode of practice is "best," as much the larger portion of the book is occupied in selections from allopathic authors and reports of allopathic societies.

In fact, without the cover, it is seemingly "regular" by a large majority. We had been intending to mention this matter before, but refrained hoping a change for the better would come.

Phytolacca Decandra in the treatment of Mastitis.

In the treatment of inflammation of the breast we have almost a specific in *phytolacca decandra*. Being a disease of frequent occurrence to the parturient, and one that causes much suffering and some-

times destruction of the normal functions of this organ, we should not be ignorant of any of the known remedies.

While pressure and support as a means of cure should be made use of. We believe many cases would fail to get relief by that means unaided by medicine.

Dr. David Wark, writes (in the *Medical Tribune*) of the success attending the treatment of mastitis by pressure alone. He says: "whatever the causes of a threatened mastitis may have been, the condition we have to deal with in preventing its progress is the presence of an excess of fluids in the gland—blood and milk—the presence of which in undue quantity irritates and inflames the breasts; their prompt removal, therefore, becomes an urgent necessity. This is readily accomplished by equable, firm, continuous pressure."

The following is his mode of applying this pressure: "by taking a piece of muslin, the width of which is about two inches greater than the diameter of the patients breast, and passing it around her body just below the axillæ, and drawing the ends together with sufficient force to make firm pressure on the irritated breast. A hole may be cut in the muslin band through which the sound breast may be allowed to protrude and thus escape pressure." The mode we have been accustomed to employ has been simply a bandage applied as a sling, i. e., by passing a piece of linen or muslin under the affected breast and over the opposite shoulder, one end behind the back and the other in front, and tie.

If there is considerable inflammation, we saturate a piece of soft linen, folded several times, with tincture of phytolacca (made from the green root) and place between the bandage and breast. The action of this agent together with the support has worked admirably in our hands, having yet to fail in a single case when taken before the suppurative process has begun.

"Retail Druggist Diary and Want Book."

This is the title of a handsomely bound book presented to the retail drug trade, by Messrs. Frederick Stearns & Co., Detroit Mich.

This house has been to an immense expense to get a complete catalogue of their products, and have admirably succeeded; not only that, but they have combined a fifty-two page diary, with space for each day of the year, for entering memoranda, twelve pages of "want

book," for entering wants and purchases. Briefly, it is an elegant and practical book of reference, well calculated to meet the wants of the retail druggist, and its makers are deserving of thanks.

Messrs. Throp and Lloyd Bros., of Cincinnati, Ohio have established a New York depot for their medicines at Wm. Hamann's, 61 Warren St., where a complete line of their manufactures may be found. It is almost superfluous to mention the fact, now well established, of the excellent quality of the products of this firm.

We think we are safe in asserting that when their preparations have been fairly tried by the physician they have always proven satisfactory. The well known reputation of their "specific medicines" have been attained by their *merits*, and we hope the practitioner who has not yet used these tinctures, will yet make a trial of them, knowing they will not be disappointed.

Miscellaneous.

NEW YORK, September 8, 1883.

BROMO CHEMICAL CO., 24 LIBERTY ST.

Gentlemen:—For the past three months your BROMO-CHLORALUM has been used at Castle Garden as an ANTISEPTIC and DEODORIZER, and has given to our officials and attendants the greatest satisfaction. To properly appreciate the necessities of the place, it should be understood that many thousand emigrants land here weekly and are forwarded to their destination. They have come across the ocean in the steerage of ships, often long voyages, and the odor from their luggage, as well as the person, has often been so offensive as to sicken the attendants who have their duties to perform. The room in which it has been used is 164 feet in diameter, or about 13,000 feet of floor surface, often filled with emigrants to its utmost capacity.

It has been used or applied by sprinkling the floor as well as the baggage with it, diluted one part of Bromo to ten of water, and by dampening sawdust and keeping it on the floor of the apartments, where, at times, we keep them over night, and all those offensive or at times intolerable odors have been controlled and the place kept wholesome, to the great relief of those who must be in attendance.

Possessing no odor of itself and being non-poisonous, it is conceded

to be entirely safe to use under any circumstances, and should commend itself to all vessels carrying emigrants, as, if used freely, would improve the vitiated atmosphere of the ship, and lessen the liability to epidemics, as well as control to a degree contagious diseases that are liable to break out in a promiscuous class of emigrants.

Respectfully yours,

GEO. STARR,

Commissioner of Immigration.

Convallaria Majalis.

Dr. W. S. Gottheil, House Physician of Charity Hospital, New York, contributes to the *Therapeutic Gazette*, for January 1884, a detailed account of his use of convallaria majalis in fifteen cases which he has under his treatment in the hospital. Nine of these cases were of organic heart disease. Five were cases of cardiac failure in acute rheumatism, hemorrhages of phthisis, and one was a case of Bright's disease. The effects of the drug may be briefly stated to be satisfactory, as compared with those which would be expected to follow the use of digitalis under like circumstances, and the results would seem to justify a thorough trial, at the hand of the profession, of this proposed substitute for the latter drug. It possesses the very important negative property of producing no cumulative effect,—a desideratum which has been long felt by the profession.

I HAVE used S. H. Kennedy's Concentrated Extract Pinus Canadensis in some affections of the rectum, vagina and cervix uteri. I have used it considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rosewater. Thus applied it should remain intact for two or three, or even four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks: and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica.

J. MARION, M. D.

Remarkable Fecundity.

Dr. F. P. Atkinson writes to the *British Medical Journal* as follows: I have just come across a somewhat remarkable, well-authenticated instance of fecundity. The lady, who was of good position, married at sixteen years of age and died at sixty-four. She had thirty-nine children (all by the same husband, whom she survived), thirty-two daughters and seven sons, and they were all single births except two, which were twins. An interesting point is that all the children lived to attain their majority.

DR. G. H. MERKEL has removed from 322 Shawmut Avenue, to 86 Boylston Street, Boston. Office hours from 11 a. m., to 2 p. m., and 5:30 to 7:30 p. m. A large and constantly increasing practice necessitated this more central locality.

DR. MARTIMEAU of Paris, says that he has succeeded in conveying syphilis by inoculation of the monkey. It produced a hard chancre, which in its turn was followed by papulis and erosions, and later a well marked syphilitic ulceration of the throat made its appearance. Who says the monkey will not yet become civilized? — *Ind. Med. Journal*.

DR. AUSTIN FLINT says that in his experience the presence of bacilli in the sputa is positive proof of phthisis, and their absence is of more or less value in the exclusion of that disease, and their abundance or scarcity is of value as bearing on the question of whether the disease is or is not actively progressing.

Hayden's Viburnum Compound.

Thomas Wheat, M. D., prescribes Hayden's Viburnum Compound, and thinks favorably of the preparation for what it is recommended. Had his attention called to it by the eminent gynecologist, Professor Thomas, of New York, whose opinion he esteems very highly. — *Am. Med. Journal*.

Cascara Sagrada in Internal Hemorrhoids.

Dr John Elfers, of Sugar Branch, Indiana, speaks very highly in the *Therapeutic Gazette*, for January 1884, of his use of cascara sagrada in internal hemorrhoids. Among the many cathartics which he has employed in this condition, this one is, par excellence, the best, while its protracted use, by relieving the cause to which the hemorrhoids are largely traceable, contributes to a permanent cure. He strongly recommends the use of this drug in those cases where, either from reluctance on the part of the physician or objection on the part of the patient, operative interference is not resorted to.

Euphorbia Pilulifera in Asthma.

Dr. C. C. Baker, of New Mexico, reports in the *Therapeutic Gazette*, for January 1884, his use of euphorbia pilulifera in two cases of asthma. The results in both were remarkably prompt and satisfactory, and point very clearly to this later addition to the list of anti-asthmatics as one which should receive a thorough trial at the hands of profession.

WE CALL the attention of our readers to the advertisement of the "EUREKA CHAIR," knowing well its value, by personal experience with it we can honestly recommend it to any in need of an operating chair.

DR F. H. DAVENPORT, Asst. Prof. Gynæcology, Harvard University, Boston, Mass., says: "I have used *Bromidia*, as prepared by Battle & Co., St. Louis, and regard it a reliable and satisfactory preparation."

The Massachusetts Eclectics "sat on" Gunn and the "Safe Cure" business, as it were.

The XI Volume of the National Transactions is nearing completion and all members who are "square on the books" will soon receive a copy, we understand.

Cough Syrup.

℞ Flu. ext. pruni. Vir.	3 ij
“ “ senega	3 j
“ “ verbascum	3 iij
“ “ ipecac.	3 j
Chloroform	gtts xx
dissolved in alcohol	3 ij
Syrup simpl.	3 iij

Mix — Sig. Dose, one teaspoonful every four hours — oftener if cough is severe.

SINGULTUS.

℞ Acetic acid	gtts x
Tinct. capsicum	gtts j
Tinct. nux vom.	gtts ij
Syr. simplex	3 j

Mix — Sig. Teaspoonful every ten minutes until relieved.

TONSILLITIS.

℞ Soda salicylate	3 iij
Tinct. aconite rad.	gtts v
Flu. ext. phytolacca	gtts xx
Aqua font. qs. ft.	3 jv

Mix — Sig. Teaspoonful every hour.— *Keystone Med. Journal.*

DYSPEPSIA.—During the spring session, '67, of the E. M. Institute, Prof. Howe gave the class the following recipe: “Hydrastis can., 1 oz.; cubebs, 1 dr.; bromide of potassa, 2 drs. Mix and triturate well together. Dose, what will lay on a silver dime, three times a day. This will be found of advantage in the majority of chronic stomach troubles.” Make up a bottle of it; and when any case, acute or chronic, presents a thick heavy tongue, protruded with difficulty on account of volume, try it. It will not disappoint. If quinia is a positive factor in the cure of malaria, this combination will as certainly relieve the condition indicated.— *Kansas Med. Journal.*

INFLAMMATION OF THE THROAT.—During the fall and winter months, especially when the wind comes from the southeast, this section of Kansas, Lyon county, is frequently troubled with an accute catarrhal affection of the head and throat. In the onset, the patient complains of a fullness of the schneiderian, palatal and pharyngeal membranes, foilowed by follicular inflammation, assuming a dusky red appearance, with a tendency to ulceration. In the relief of the above condition, the following gargle has given me great satisfaction: Tinct. guaiac ammoniated, 3 drops; liquor potassa, 3 drs.; tinct. opium, 3 drs.; aqua orange, cinnamon, peppermint, or any other aromatic water, q. s. to make 8 ozs. Mix. Use as a gargle every half or one hour, as needed.— *Kansas Medical Journal.*

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

Terms:—50 cents per Annum.

Single Copies, 10 cents.

Entered at Worcester Post Office, as Second-Class mail matter.

VOL. III.

MARCH, 1884.

No. 3.

Original Communications.

EDITOR OF THE JOURNAL:

A peculiar case occurred in my practice during the last year of which I will give you a brief statement for publication, if you deem it of sufficient importance.

In June I was asked to prescribe for a lady, aged 60, who was suffering from a skin disease. I had been called to see another member of the family; it was in the early morning, there was but a dim light, and being in a hurry I made but a hasty examination; and, as will be seen, did not get a full history of the case and failed to observe what, under more favorable circumstances would have been apparent as to the habits of the woman. I pronounced it chronic eczema, wrote the following prescription for a topical application:

℞ Potassa chloratis,
Zinci oxidi, . . . aa. . . . 3j.
Glycerine, ʒss.
Aq. rosæ, ʒiijss.
Mix. fiat sol.

Sig. Apply two to three times daily.

Gave some instructions as to diet, bathing, etc., and told her to send to the office for a bottle of "blood medicine." I prepared an alterative symp. after the following formula:

℞ Blue Flag,						
Stillingia,	.	aa.	.	.	.	℥x.
Tag alder,						
Yellow dock,	.		.	.	.
Pipsissewa,	.	āa.	.	.	.	℥xii.
Black root,	.		.	.	.
Peppermint,	.	aa.	.	.	.	℥iv.
Mandrake,	.	.	.	.	.	℥ii.

Mix. Grind to coarse powder and percolate, using five pints of alcohol, sweeten and make two gallons.

To eight ounces of this syrup I added four drachms of Iodide of potassium and ordered a dessertspoonful to be taken three times daily. The bottle was returned to be refilled quite regularly for about three months, and as the messenger invariably reported an improvement, I did not change the medicine. Her daughter finally reported her entirely cured of the eruption and that her general health was better than it had been for years.

About two months ago, when in conversation with a relative of this lady, I was very much surprised to be congratulated upon, and receive commendation for the success that had crowned my efforts in curing her of the opium habit. I was ashamed to admit that I had treated a patient for three months without ascertaining that she was addicted to the use of opium, and so made no intimation to my informant that such was the case, but immediately went to the daughter and asked her as to the truth of the statement. She confirmed the report and apologized for not having so informed me when she requested me to prescribe for her mother, saying that she was very sensitive about it and supposed it would make no difference in my treatment for the skin affection. She stated that her mother had used morphia for six years, that about three years ago she was sick in Brattleboro', Vt., and her attending physician took advantage of the circumstance to withhold the morphia, but she became utterly desperate, and attempted suicide twice, the second attempt being very nearly successful, finally they were compelled to resort to the morphia again. She had tried many "opium cures" with no benefit, and when she began my treatment she was using a drachm of sulphate of morphia every four to six days. After taking my medicine a few weeks the appetite, or desire for the morphine became less, and she soon voluntarily quit the use of it entirely and suffered no inconvenience or prostration in consequence.

she had not been so near to death, and she would not use opium now that nothing would induce her to use it again, even if she believed it would save her life.

That this woman was using morphia in enormous doses, when she began my treatment, and has since abandoned the habit, as stated above is, I am convinced, true. But to what extent the remedies I prescribed controlled the desire for the narcotics, or what particular remedy or remedies of the compound produced the effect, the reader can do his own guessing. Is it possible that Iodide of Potassium is antidotæ to Opium?

C. D. HENDRICKSON, M. D.

ORANGE, MASS., FEB. 7, 1884.

Biography.

Wooster Beach, M. D.

BY ALEXANDER WILDER, M. D.

WOOSTER BEACH was the pioneer of the American Reformed Practice of Medicine. Of his early history little appears to be known. He was a native, I think, of the city of New York, and was born in the earlier part of the present century. His early life was spent there, and he was educated in its schools. He had a strong taste and desire for the practice of medicine, but his early observations of the pernicious effects of mercury, led him to a profound distrust and aversion for the drug. Yet he was not altogether consistent in this respect, for we find red precipitate in his receipt for ophthalmic ointment, and muriate of mercury in the yellow wash. Neither of these remedies, however, were in much use generally, so that Dr. Beach, with his limited resources, was no further aside of a straight line than many who profess to be his followers.

Learning that an old German physician, Dr. Tidd, of Hunterdon County, N. Y., practiced medicine some forty years with botanic remedies, partly learned from the Indians, BEACH visited him and desired to become his student, but without success. There was great distrust

manifested by the older Reformed physicians in regard to strangers. They were unwilling to part with the knowledge of the methods and formulas by which they had achieved their most signal cures. They had with great pains and cost acquired the knowledge, and endured the persecution and obloquy for meritorious and conscientious labor. In most every State in the Union, statutes which it would be blasphemous to denominate *laws* had been enacted against them; and like ancient prophets and apostles, those men of whom the world was not worthy, suffered the spoliation of property, deprivation of rewards for honorable work, persecutions for infamous crimes, of which they had never dreamed, and wanton wrongs and insults in every form. It was natural that they should be jealous, and they could not reasonably be blamed for keeping their knowledge to themselves, when the imparting of it would be likely to deprive them of their means of subsistence. Samuel Thomson deemed it proper to procure a patent for his entire method of practice.

Twice Dr. Tidd refused DR. BEACH, but a few years later, as infirmities of age warned him of the end of his labors, he acceded. BEACH remained with him until his death, and for a while continued the practice. This was the principal mode in the early days of educating physicians in the United States. Dr. BEACH never hesitated to add to his knowledge from any source. He sought information from the "Indian doctors," "root and herb doctors," nurses, and anybody who could tell him anything. Returning to New York he attended lectures at the medical department of the University. He also visited Europe to observe the hospitals and infirmaries.

About 1825 he began the work of establishing a distinct school of medical practice. He was not a philosopher in the proper sense of the term, but an empiric as that word justly means. Perhaps few physicians of any school are anything else. He had no dogma or theory on which his course was based, but he endeavored to be solely inductive. Hence, he was alike opposed to Samuel Thompson, who laid down the fundamental proposition, "Heat is life, and Cold is death," and the Old-School notion of exalted and depressed vital forces, and the unvaried treatment by lancet, calomel, antimony, and opium.

"BEACH's practice," says the late Dr. H. E. Firth, "differed from that of Thompson in the fact that it introduced the student to a different mode of thought. The effect was not to cultivate the idea of a fixed routine system, but to release the mind from the dogmas of

John King, and other notables of Eclectic medicine. The movement took form also in an association, The Reformed Medical Society of the United States. Up to this time no Thomsonian societies appear to have existed.

The new college was short lived. The transfer of the colleges of DR. BEACH to Worthington, Ohio, in 1830 to establish the Medical department in the university just founded by Bishop Chase, seems to have diverted the support which would otherwise have been received by the school in New York. There were several hundred graduates.

A rivalry had also sprung up between DR. BEACH and Dr. Elisha Smith, each eager for precedence, and becoming author of a work on Medical Practice to substantiate his pretensions. Dr. Smith was the elder, and indeed had independently developed a Reformed practice of very similar character as early as 1820; but dying in 1831, DR. BEACH was left master of the field.

In 1832 the first visitation of the Asiatic cholera occurred in New York. It was the opprobrium of physicians; they knew nothing for it but calomel, and with calomel the patient was very certain to die. I do not know whether bleeding was resorted to, it might be worth an inquiry. The general terror aggravated the mortality. Alderman Palmer, of the Tenth Ward, appointed DR. BEACH to visit and take charge of all poor patients suffering from the epidemic. The certificate of appointment bears date July 17 1832. About one thousand cases were treated, in all stages, and with a successful result nowhere equaled.

DR. BEACH also engaged extensively in authorship. It was his belief that all should possess a general knowledge of anatomy, physiology, and the practice of medicine; both as a matter of interesting information and practical utility. This was his way to banish quackery. "Medicine," he declared, "needs only to be better known in order to secure the general esteem of mankind. Its precepts are such as every wise man would choose to observe, and it forbids nothing incompatible with true happiness." The justice of this assertion is demonstrated by the fact that very few of the valuable discoveries in medicine have been made by, but in spite, of physicians.

Various publications were made in the daily, weekly, and monthly papers, tracts and treatises, and finally by a large work *The American Practice of Medicine*, in three volumes. Copies of this work were presented to the several monarchs of Europe. Professor Hufeland replied with a diploma of corresponding member of the Medical and Surgical Society of Berlin. The King of Prussia transmitted him a golden Prize Medal. Others were received from the King of Wurtemberg, the King of Saxony, the King of Holland, the King of France, the Grand Duke of Tuscany, and his Holiness Gregory XVI. Distinguished European physicians also accepted the diploma of membership of the Reformed Medical Society of the United States.

Several of the letters were autographs from the sovereigns themselves, and the purport of their compliments was most flattering. "It is a model of analysis," said Baron Alibert, of the Medical Faculty of Paris, "and a masterpiece of method and medical experience." "It will not fail," said Baron von Lehr, of Wurtemberg, "to obtain the approbation of all enlightened persons." "This work, interesting and instructive," says Professor Von Walther, Surgeon to the King of Bavaria, places you in the rank of the most celebrated authors of our science. * * * * *

I never saw him but once. The Reformed Medical Society of the State of New York met at the rooms of the Metropolitan Medical College in East Broadway, New York City, in 1858, and I attended in the capacity of a representative of the *Evening Post*. It was an assemblage of veterans. DR. BEACH was present, and was invited to speak. He complied, thanking them for their courtesy, alluding to the conflicts which they had passed through, and bidding them God-speed. I think that was his last appearance in a public body. He was tall, of dark complexion, heavy boned, stooping, and with evident

sider measures for the establishing of a national organization. Very appropriately the name of WOOSTER BEACH headed the list. Then followed such as Morrow, Jones, J. R. Buchanan, B. L. Hill, Orin Davis, and John King. This convention met May 25, 1848, and held an animated session. The next year it re-assembled, May 15th, and organized the National Medical Association. DR. BEACH was the president of this body in 1855, succeeding Dr. Walter Burnham.

At the establishment of the Central Medical College at Syracuse, N. Y., in 1849 DR BEACH was appointed to the questionable honor of Emeritus Professor. He delivered a course of lectures the next spring. The next spring the college was transferred to Rochester, and Dr. S. H. Potter declining to follow, established the Syracuse Medical College, and the same honor was again extended. I think that DR. BEACH also held the same rank of Emeritus Professor in the Eclectic Medical Institute.

His last years were spent in most absolute penury. I am told that his family had been estranged from him, and that he was suffered to languish on a sick bed, with no one administering properly to him, or careful enough to give him a glass of water when he was thirsty. He died in 1859, and whatever neglect he experienced during life was then recompensed by the pageant of a funeral.

Dr. Horatio E. Firth has thus vividly summarized his history :

"Doctor WOOSTER BEACH was in some respects an extraordinary man. He was 'brim-full' of restless enthusiasm. He labored as one having the utmost faith in the purity of his mission. His devotion to the cause of Medical Reform was without a parallel in the history of medicine. He considered no sacrifice too great, or labor too hard, if he could only thereby advance the interests of Medical Reform.

"Although DR. BEACH possessed but limited capacity as a lecturer, and was not in reality a highly educated man, he was nevertheless one of the greatest compilers and collectors of medical experiences that the Reformed Practice has ever known. His intimate knowledge of the nature of disease and of the action of remedies, and his skilful plan of treating all disorders, was appreciated by his friends and even

acknowledged by his adversaries. * * * From the large amount of information which he received from all sources he sifted the wheat from the chaff, and so classified his facts and formulars that he was enabled to present to the world a work on the practice of medicine which not only merited their approval, but elicited attention and called forth admiration and acknowledgement from eminent divines ; from members of the Legislature ; from members of the press ; from Consuls to foreign countries ; from the Pope of Rome ; from the Kings of France, Holland, Germany, and Prussia, and the various prominent physicians of the world.

"But notwithstanding DR. BEACH's great gift in compiling, classifying, and suiting his remedies so as to make them of practical utility in the removing of disease ; notwithstanding his advanced teaching in the direction of selecting from all the sources the best modes of treating the sick ; notwithstanding his capacity as an organizer and as a worker in the cause of medical reform, DR. BEACH was one of the poorest of financiers. He was ever writing and publishing books, periodicals, and papers ; but shrewd and designing men were ever on his path to pocket the proceeds of his labor. He collected great museums, but never realized any pecuniary advantages therefrom. He organized societies, colleges, and infirmaries. He labored with untiring zeal to relieve the distressed, the sick, and the poor. He visited various parts of the country as counseling physician, and to the pursuits of his profession he gave untiring diligence ; but for all this ceaseless labor he scarcely received money enough to secure him a livelihood

"He educated a son to the profession, that he might be an ornament to himself and a comfort to his declining years, but that son went over to the enemy. Another son he also educated, and bestowed upon him the wealth of his affection hoping that he might live and follow in his footsteps. He imbued this son with zeal and devotion to that course of medical reform for which he had himself so long labored ; but, alas ! the young man, just as he had reached early manhood, was drowned at the passage of the Hell Gate channel.

DR. BEACH never recovered from this last shock. He lived on for some years, but his life was burdened with incessant toil, his brain was overtaxed with hard work, his circumstances embarrassed ; domestic cares pressing him down, his heart throbbing for others, but his purse too poor to enable him to serve them. Thus, neglected, forsaken and alone, the great DR. BEACH faded from sight."

that he should suffer penury, reproach and a death of ignominy. Yet such is the history of Saviors. Whether Eclectics or others will ever remember to recall the name of WOOSTER BEACH to honor him is very uncertain and improbable. His books are never read by us now-a-days and his name is seldom mentioned. I question whether many know that there ever was such a man. So be it. Yet when the history of Eclectic medicine shall be written, or it shall be included in the pages of a faithful and truth-speaking Cyclopedia, as it has never yet been, then, as Dr. Firth has predicted, "the name of WOOSTER BEACH shall stand out in characters of living light." Peace be to his memory. His work still lives, and the discarding of the lancet and mercury from the practice is after all his noblest monument.— *Keystone Med. Journal for Feb.*

Editorial.

Cannot Suit Them All.

In reference to the many advertisements which appear in the JOURNAL, we have received quite a number of comments. One doctor says he don't believe in allowing a medical magazine to be used for advertising purposes and wants us to discontinue sending the JOURNAL to him. Well, we did not shed many tears over that as he had received it for two years and had not paid us a cent for it. On the other hand we are frequently congratulated for the fine array of advertisements from the most reputable houses in the country. What a contrast! It is a well proven fact that any medium that is a demonstrated success attracts the attention of advertisers. To illustrate this we have but to point to some of the metropolitan journals of New York, Boston, Chicago and other cities. The reason is apparent, viz: By using the columns of a publication with a large circulation the advertisers are able to bring their wares to the attention of a large number of readers who are not able to apply to their stores in person, but who can and do purchase at the stores in their vicinity or by mail as directed by the advertisements in reputable publications. Thus the advertisements are an advantage to the readers in bringing to their attention desirable articles or remedies that otherwise they might not know of. They are also of an advantage to the readers, in that the publisher

is thereby assisted to produce (in consequence of their remuneration) a much better publication than would otherwise be possible for the subscription price asked. This must be patent to every one who will stop to consider. For instance take the JOURNAL, which contains 200 pages of reading matter during the year, the price of which is fifty cents. One fourth of a cent per page. Does any one suppose that without the assistance of the advertisements that we could furnish our readers with such an amount of reading for the price named? So long as the advertisements do not encroach upon the legitimate reading space of a publication its readers should rejoice, as it is one of the surest indications of prosperity.

Old Time Eclecticism.

In this number of the JOURNAL we publish (from the *Keystone Medical Journal*) the biography of Wooster Beach, M. D., we deeming it of sufficient interest to our readers to insert it in our pages. Prof. Wilder, the author, has given an interesting account of the life and hardships of this remarkable man. The next issue of the JOURNAL we purpose devoting to old time eclecticism—its origin, remedies, successes, etc., in order that the younger men in the ranks may know something of its nature when first introduced. If we are not greatly mistaken they will be not a little surprised at the difference in the doctrines then and now taught. The principles of eclecticism of twenty-five years ago was vastly different from those which are at present given by the majority of “modern” eclectics.

The question is, have those principles been improved in the progress of time? Is the eclectic system of practice, as taught to-day, better than that promulgated at the beginning of its existence? Does it make more successful practitioners?

The present system of eclectic practice comes so near that of the “regular” practice that it requires a sharp definer to demonstrate it. The new code allopaths of New York have stepped over the last line which divides us,—i.e., if we are to accept the definition of eclecticism as given by several of our leaders, and which is taught by some of the “eclectic” colleges,—which is, briefly, liberality.

More Eclectic Literature.

Since our last issue of the JOURNAL two new eclectic journals have made their appearance, *The Nebraska Medical Journal* and *The*

in the country he finds time to write a work on electricity which is meeting with great favor. At the same time he is Dean and Professor of Theory and Practice of Medicine in the American Medical College, and Clinical Lecturer at the City Hospital.

The Journal.

We again, personally, ask those who have read the JOURNAL to remit the small amount due. Our subscription list is constantly increasing, yet there are many who, through neglect we believe, have failed to forward the fifty cents. Please remember that while the amount may seem small to you, it amounts to a great deal to us. Will *you* attend to it?

Not to be Outdone.

It is really quite amusing to see the expediences resorted to by some of the doctors to get their names before the people's eyes and at the same time *appear* to be above all such dodges. In a recent issue of the JOURNAL we took occasion to mention one of the ways, and now we must inform our readers of another; this time by the infinitesimalites. While passing along the street within a day or two, we were handed a circular which at first we took to be a "bill of fare" of one of the eating-houses in the vicinity, but on closer inspection we found we had a notice of a Free Medical Dispensary, where all the poor and unfortunate sick might find medical and surgical advice free of charge, or, by leaving an order there or at the office of Dr. ———,

No. ——— St., patients would be visited at their homes. A list of those acting gratuitously as "staff," appeared at the bottom of the paper.

Now, after the example has been set by men of such standing—the very *elite* of the profession,—surely the Massachusetts Eclectic Medical Society will not think its code violated if *we* start an eleemosynary institution? It maddens us to think they got ahead of us in this matter, but we will beat them yet and at their own game; we will insert cuts in *our* "dodgers", (taken from pictures of the "skeleton girl" and "the fat woman,") representing patients "before and after receiving treatment at the Dispensary."

Miscellaneous.

CARE OF CHILDREN FOR SEVENTY HOURS AFTER BIRTH.—Dr. James F. Hibberd concludes a paper on this subject as follows: "When the funis has not been severed until it has ceased to pulsate and the child is then undisturbed by improper washing, irrational dressing, and unnatural food, it is found that its digestion is perfect, its nutrition complete, and its development without interruption. But if the cord be tied and cut while in bounding pulsation, as recommended by Ramsbotham, Playfair, Glisan and others; if the child be smeared with grease and washed with strong soap and water, as advocated by Dewees and others; if the succulent stump of the prematurely amputated funis be wrapped in a bit of greasy linen seven inches square and bound down to the abdomen with a flannel bandage, as suggested by Cock and others; if the child be dressed in a tight linen shirt, a flannel skirt, with an inelastic muslin band pinned closely around the thorax, with a frock and a wrapper and a shawl over these, as is a frequent custom; if the infant stomach, dormant since its embryotic formation, is to have its new permanent function awakened by the introduction of 'a few dessertspoonfuls of warm sugar and water one hour after birth, and repeated every two or three hours,' as ordered by Cazeaux: or by purgative doses of molasses and water, or *castor oil*, as ordered by Dewees; or by Panada, *catnip tea*, or other popular abominations;—if the infant has to suffer all these assaults upon its natural physiological rights, we may expect it to have its digestion imperfect, its nutrition incomplete, and its development sadly and painfully interrupted, while its loud and frequent wailings proclaim its sufferings from colic, from diarrhœa, from thrush, from a sore

Massachusetts Health Report to the following effect: 1. Over work and exposure, the women being more frequently overworked. 2. Improper and improperly cooked food. 3. Damp location of dwellings. 4. Want of cleanliness about their houses, especially in reference to drains, cellars, and proximity to barn-yards and hog-pens. 5. Impure drinking water, largely due to the preceding cause. 6. Bed rooms imperfectly ventilated, and on the ground floor, with too general use of feather beds. 7. Insufficient recreation.

Tongaline.

"We take pleasure in calling your attention to a few of the numerous testimonials received from reputable physicians in commendation of the new remedy for Neuralgia or Rheumatism. Tongaline or Liquor Tongæ Salicylatus. They represent the conscientious opinions of the subscribers, duly formed after a thorough trial.

Our readers will note that this is not a secret medicine, and its sale is urged only through the prescriptions of members of the profession.

We solicit a trial of this preparation by every physician, feeling confident of a favorable result.

Extract from January No. of *Medical Herald*, St. Joseph, Mo.

PRURITUS VULVÆ.—Dr. Williams Goodell, Phila., prescribes for this disease: Carbolic acid, one drachm; morphine sulphate, ten grains; boracic acid, two drachms; vaseline, two ounces. Also pat the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for rawness so often found between the thighs of the newly born.—*Lon. Med. News*.

If the members of a profession or organization were all gentlemen, no code of ethics would be necessary for their guidance or protection. *Keystone Med. Journal*.

DYSMENORRŒA.—Dr. Fordyce Barker, of New York, believes that mechanical obstruction as a cause of dysmenorrhœa exists only in a small percentage of cases; that there are two forms of disease, one uterine and the other ovarian. In the uterine variety there are cases which do not depend at all upon obstruction; the pain is due to the effort of the uterus to relieve the plethora by the rupture of capillaries and exfoliations of mucous membrane. He uses the lactate of iron in doses of from three to five grains three times a day, associated with chlorate of potash; as soon as the symptoms of menstruation begin he gives apiol, which he looks upon almost in the light of a specific. In ovarian dysmenorrhœa there is no pain until the flow has continued for two or three days; when the cause was ovarian, the bromide of sodium in ten to fifteen-grain doses in the middle of the forenoon, in the middle of the afternoon, and at bed time, was the proper treatment.—*Amer. Jour. Obst.*

MANACA IN GONORRHŒAL RHEUMATISM.—In reply to "Subscriber" I would suggest that he make a trial of the fluid extract of manaca (*Franciscea uniflora*), in five minim doses every three hours. This drug is manufactured by Parke, Davis & Co., whose London agents are Burgoyne & Co., of 16 Coleman Street.

For sometime past I have been treating all my cases of acute rheumatism, both gonorrhœal and otherwise, with this medicine, and have secured results quite equal to that given by salicylate of soda in most cases. In some instances, where the latter drug failed, manaca has cut short the disease in a few hours. (Geo. Herschell, M. D.) *London Lancet.*

GELSEMIUM FOR AFTER-PAINS.—After-pains are sometimes exceedingly rebellious, hence our readers will be pleased to learn that Dr. Holt has used the fluid extract of gelsemium, in doses of a fraction of a drop, frequently repeated. In the case of a patient in whom opium was not tolerated, and where all other remedies had been tried, the relief from gelsemium was prompt and decided.—*Med. and Sur. Rep.*

METHOD OF DESTROYING THE FŒTUS IN CASES OF EXTRA-UTERINE PREGNANCY.—Dr. Kochmann, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and a half centimetres long were drawn.—*N. Y. Medical Record.*

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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No. 4.

The Eclectic System of Medicine :

ITS ORIGIN, REMEDIES, SUCCESS, ETC.

THE CHOICE OF A PHYSICIAN.

“What Doctor shall we send for ?” These have been important and familiar words in many a home. A member of the family has become suddenly and violently sick, and some medical adviser must be called. What a responsibility in that call ! Many have rejoiced in the selection of their physician, for he knew well the disease and his remedies were successful. Others, not a few, have bitterly regretted that they employed the physician whom they did ; for the treatment did no good, or did injury rather than good, or seemed to so aggravate the disease that it proved fatal ; and those who called the physician deeply deplore that they employed any medical attendant—or at any rate, one whose services seemed worse than useless.

How important then that the entire public know something of medical principles and practice ! Upon the choice of a physician often seems to depend the life or death of a patient. How important that the relative merits of the Allopathic, the Homœopathic, and Eclectic systems of practice should be well understood by every person. All are liable to sickness, at any time, and the choice of a physician should be made with care and discrimination, in the hours of calm and responsible reasoning, and not at the moment of sudden sickness and fearful anxiety.

Your mind is settled on one point—that you will employ a man who is intelligent in his profession. You will have no confidence in mere pretence. You want a physician who will thoroughly understand your disease and its remedies. But you say: “shall I have an Allopath, or a Homœopath, or an Eclectic? Which of these systems is most reasonable in its principles, and therefore entitled to my intelligent confidence? What is the success of the different systems?” Among the physicians whose services you may command, it is your duty to be informed, when in health, as to their relative success. Make careful observation and inquiry, free from prejudice. From such inquiry, ascertain what system is successful.

In politics and religion, the people are educated as to party principles and denominational tenets. Political papers and pamphlets are in every family; and in every campaign, public addresses are given, setting forth, in the most earnest and clear manner, the acts, principles and proposed policy of each party. The people are no longer the blind tools of tyrannical leaders, but they are thus educated that the public sentiment becomes an irresistible influence; and no party can long remain in power whose acts are not consonant with the public interest and general welfare.

Just so among religious denominations. Every pains is taken by the clergy, by tracts, and by religious newspapers, to inform the people as to their belief, and as to the reasons for that belief. This is as it should be. It is a strong contrast with the past; but it ensures the rights, and the enlightenment, and the happiness, of the whole family of man. Just so, too, of every great public interest. Every important question of law, of humanity, of education, of public enterprise, of national progress, of discovery, is daily discussed, among the masses; and its practicability and adoption are largely dependent upon that mighty public sentiment which is fast becoming the power of the world, and the blessing of its millions. Let any principles or remedies which have been proved to be true and practical, be presented to the intelligent judgment of an observing public, and no medical sect can long resist them, by ignoring them, or nursing a contempt for them, or by ignorantly or selfishly decrying them. Let the people be informed as thoroughly as possible, as to medical principles and practice, watch closely the relative success of the different classes of practitioners, and judge for themselves. This alone is their safety, for it will lead them to know with what physicians their health and their lives are safest.

The writer of this, after a medical experience of many years, about

that we were educated in this system, and that having practiced it, we are thus prejudiced in its favor. Our education was as opposed to Eclecticism as was St. Paul's to Christianity, or as that of Galileo to free philosophy, or as that of Washington to a republican government. And almost every Eclectic physician, educated a quarter of a century since, was convinced of the correctness in theory, and success in practice, of this system, *against* all the impressions of his early manhood's education, and *by* the superior success of Eclectic remedies. He saw, again and again, the want of success of the Allopathic physicians, in bilious, typhoid, lung, and rheumatic fevers ; in diarrhoea and dysentery ; in croup, and scarlet fever, and others diseases common to infancy ; in incipient consumption, in liver diseases, in scrofula, in eruptive diseases, and in most chronic affections. He saw other physicians, some of them known as Botanics, Thomsonians, or Reformed Physicians, very successful in all these and various other diseases. My own medical studies, and those of many others, were with Allopathic physicians ; and whilst we admired the treasures of medical science gathered by eminent Allopathic authors, in works of anatomy, physiology, pathology, medical chemistry, therapeutics, obstetrics, and other departments of professional learning, we painfully saw that the remedies employed were unsuccessful ; that a large portion of cases were fatal ; and that the reducing of disease by blood-letting, calomel, opium, and antimony was very uncertain ; that almost all this practice of letting out the life-blood, and poisoning the system by mercury, and depressing the vital power by antimony, and stupefying the system by opium, was unscientific in theory, utterly opposed to the hygienic laws of the system, and dreadfully fatal to the sick. And very much of this practice is still most persistently insisted on in Allopathic works on the practice of medicine, and by their lecturers in medical colleges ; and if the Allopathic profession has, to some extent, discontinued these agencies, as indeed they have, it is the strongest practical admission that we were *right*, and they were *mistaken*.

THE ORIGIN OF ECLECTICISM.

The Eclectic system of medicine is American in its ideas and in its remedies. It is a child of American free thought and practical sagac-

ity. It was first announced to the world by its definite name about the year 1845. In the early history of medicine there was a sect of physicians known as Eclectics, but they neither knew the remedies or principles which now distinguish Eclectics; and in modern times, the term Eclectic was first suggested to designate our system of practice by Calvin Fletcher, Esq., of Cincinnati, Ohio. Twenty years previous to that time, Dr. Samuel Thompson, a son of New Hampshire, had announced the great practical truths we must *sustain the vital powers*; that stimulation, and not depletion, is the true theory of medicine, and that relaxants and stimulants are agents of great efficacy in breaking up, or safely treating fevers and inflammations. He was the first physician to recommend enemata as a general substitute for cathartics; and he almost entirely rejected, in either acute or chronic diseases, the use of cathartics—a peculiarity of medical opinion never entertained by Eclectics. Wooster Beach, M. D., of New York, had also published at least fifteen years before 1845, “the American System of Medicine;” and in his whole work he had most decidedly opposed the whole system of blood-letting, calomel, and antimony; advocated supporting regimen and remedies; introduced a great many valuable medicinal plants into the materia medica; and suggested most distinctive and valuable plans of treatment for fevers and inflammations, for diarrhoea and dysentery, for malignant cholera; and he also advocated many new methods for treating various chronic diseases.

In 1836, the “Western Medical Reformer” was published in Worthington, Ohio; a college was established soon after that date; and in 1845 the Eclectic Medical School of Cincinnati was incorporated; and about this time, the Worcester, (Mass.,) Eclectic Medical College. Since that time, many others have been established, educating hundreds of physicians annually. From each of these colleges is now issued a monthly journal of Eclectic medicine and surgery, and they are patronized by our physicians in every State—keeping our practitioners informed of the numerous new remedies discovered in every section of the union; and also faithfully advising them as to the discoveries made by Allopathic and Homœopathic physicians in every part of the world.

WHAT ARE THE PRINCIPLES OF ECLECTICISM?

Eclecticism is the inductive system of reasoning applied to medicine. It has its basis in physiology and hygiene. It studies carefully the functions of the human system, and it believes that most diseases are

instance, as the primary and essential duty of the physician. It enjoins upon the patient to live in accordance with the laws of hygiene, and instructs him how to do this. It seeks to use as few remedies as possible which interfere with healthy functional action. It avoids violent and irritating cathartics, which produce disease of the stomach and bowels, and greatly reduce the strength and prostrate the system; and, in their stead, it uses unirritating, but sometimes active cathartics, which cleanse the alimentary system and correct its secretions. The Eclectic code does not proscribe a physician for using calomel, for it declares the largest liberty of individual opinion, "without constraint, let or hindrance;" but we have discovered far better remedies to act on the liver than calomel or blue mass; and they are so superior that probably not one Eclectic in a hundred ever directs his patient to swallow any mercurials. They are generally disapproved of, as liable to create inflammation of the stomach and intestines; as uncertain in their action on the liver; and as most poisonous remedies, which tend to depress the vital powers, poison the fluids of the system, and subject the patient to future disease.

Eclectics ever seek to *support the system*; to nourish patients, and not to starve them. They endeavor to *restore normal functions*, and not depress them; to *sustain the strength*, and not exhaust it. They efficiently restore the healthy secretions of the bile, of the urine and perspiration; and they greatly depend on thus assisting nature as a means of cure. How contrary is all this to the opinions of Allopathy a few years since; for even so leading a teacher and professor as Dr. Rush, of Philadelphia, said: "As to nature, I would treat it in a sick chamber as I would a squalling cat—open the door and drive it out."

Instead of taking blood out of the system by bleeding, the Eclectic equalizes the circulation, and thus overcomes local determinations of the blood and inflammations in any of the organs. He evacuates any access of blood, by acting powerfully on the kidneys, and bowels, and the skin, and thus carries off the excess by draining off the waste constituents of the blood, instead of removing the vital fluid as a whole. Twenty years ago, the most eminent Allopathic teachers and practitioners insisted on blood-letting in almost every severe case of any inflammation or fever; and the same Dr. Rush whom we have

just quoted, in speaking of blood-letting in yellow fever, declared it to be the *magnum bonum Dei*—the great gift of God. The Eclectic purifies and enriches the blood, but never wastes it, or poisons it.

The Eclectic uses counter-irritants, dry cupping, and a temporary ligation of the limbs, to overcome local inflammation; but very seldom, or never resorts to blisters. His use of opiates is exceedingly limited, and rather to relieve present, urgent symptoms, than to really depend on them as a means of positive cure. He regards opiates, in any considerable quantity, as poisonous; and his use of any vegetable poisons is quite limited; and in the doses in which he uses them they can scarcely be regarded as poisons. He is positively opposed to arsenic, lead, mercury, and other mineral poisons, because the system cannot fully eliminate them, and they remain as poisons in the system, injuring the constitution, and developing many diseases in the various organs and tissues.

Such are the general principles of medical treatment of American Eclectics. How unlike is this to the Allopathic system, as taught in their medical colleges and works, in France, Great Britain, and the United States; And yet these principles have approved themselves to hundreds of men once educated to Allopathy, but who are now Eclectics, practising in every part of our country. And hundreds of other physicians, choosing their school of practice in the outset of professional life, have graduated as Eclectics, and are extensively practising this system with eminent success. In every State in the Union are many physicians who have, acting individually as medical observers and thinkers, arrived at the same results as to the true doctrines of medical science, and as to the remedies to be preferred. We challenge the history of the world to produce the instance of so large a number of intelligent men coming to the same conclusions, adopting the same essential platform of belief, without having been educated and disciplined by organization. It should now be added that nearly all the remedies and methods of treatment thus generally adopted by Eclectics continue to be used, and maintain that estimation for efficiency with which they were severally announced by their individual discoverers. Surely, here is sagacity making science—a scientific system of remedies.

WHAT ARE OUR REMEDIES?

The discoveries of American Eclectics have been so numerous and so exceedingly valuable, that we can only refer to them in general

agents and remedies which testify that the agents and remedies of treatment discovered by our school alone, within the last twenty-five years, are of more practical value, to save life and cure the sick, than all the remedies which had previously been discovered, by all other schools of practice, since medicine had a history or mankind an existence. The variety and efficacy of our remedies are the wonder and delight of all who intelligently test them; and new ones are every year being discovered by enterprising and progressive minds. The United States embrace every variety of soil and climate, plants of all the zones grow therein, and they are contributed, along with the remedies of all other countries and climates, to our materia medica. We invite facts from all persons, the world over, whether physicians or not, as to the action of any newly tested agent, whether used by the profession or as a domestic remedy. To the success of our remedies, thus learned by humble and therefore receptive minds, we shall again have occasion to refer, when we speak of the success of the Eclectic practice. Such remedies give our physicians an enthusiasm and devotion to practice, which are in striking contrast with the declarations of Allopathic physicians and authors. We cannot enlarge on this point, but will quote a few sentences from an address by the learned Prof. Thomas Watson, author of "Lectures on the Principles and Practice of Physic, delivered at King's College, London." No name in Allopathic medicine is higher than his as an authority in practice. And yet this erudite and logical man said, in an address before the London Clinical Society, in 1868: "Certainly the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics." "We know tolerably well *what* it is we have to deal with, but we do not know so well, nor any thing like so well, *how* to deal with it." "To me it has been a lifelong wonder *how vaguely, how ignorantly, how rashly, drugs are often prescribed.* We try this, and, not succeeding, we try that; and, baffled again, we try something else." "Our profession is continually fluctuating on a sea of doubts about questions of the gravest importance." "Of Therapeutics, as a trustworthy science, it is certain that we have as yet only the expectation."

Such is the testimony of Sir Thomas Watson, in 1868 before the

elite of the profession in London, in reference to Allopathic remedies ! Thank God, American Eclectics have remedies in which they *trust*, for almost every disease.

IS ECLECTICISM POPULAR AND ORGANIZED ?

Never did any system make such progress in popular favor and intelligent confidence. Nearly twenty years ago, Allopathy began to essentially lose the confidence of the public. It was too fatal to retain favor. Educated people were surprised that the profession, with all the acquirements of many generations, were so unsuccessful in both acute and chronic diseases : and very many among the better informed classes adopted Homœopathy ; not indeed because, in most instances they had any special faith in it, but for the reason that its remedies were pleasant, and they supposed its doses would not destroy life, if they did not save it. They knew of nothing better than this one idea system of "like cures like," and of infinitely small doses. But now it is vastly different. In every section of the country, Eclecticism is rapidly gaining ; and not one-fourth of the applications for Eclectic physicians can be filled by the graduates of Eclectic colleges. Our practitioners are now numbered by thousands, and most of them are very busily employed ; and not one in an hundred can be induced to take a new field of professional labor, for the very reason that his time and talents are so fully employed and appreciated where he is.

State Societies, incorporated by law, exist in Connecticut, Massachusetts, New York, Pennsylvania, Maine, Vermont, Ohio, and several other states. County Societies, auxiliary to the State organizations, are rapidly multiplying ; and all their most useful essays and discussions are published along with those of the State Societies, in volumes of Annual transactions ; and in the state of New York it is done in an illustrated octavo volume, of about four hundred pages, at the expense of the State. The press everywhere commends our enterprise and our success. Eclecticism has made so extensive and so favorable an impression on the American mind that it is fast becoming *the* system of this country.

WHAT IS OUR LITERATURE ?

We hold many branches of medical learning in common with other schools of practice. We have no occasion to publish separate works on these branches. Physicians of all schools study the text books of Anatomy, Physiology, and Chemistry. In Surgery and Obstetrics

druggists are unable to procure our Extract from their wholesale dealer, we will, on receipt of price, send one dozen by express, prepaid, to their nearest express office. Our object in doing this is to leave no excuse for druggists not to carry our goods in stock. Physicians who wish to test the quality of the Extract, will be furnished one bottle free on application to us.

We beg leave to call attention to fac-simile of bottle label, containing directions and showing the different conditions wherein our Extract may be successfully applied.

A Contribution to the Treatment of Intra-Uterine Inflammation and Passive Hemorrhages

— WITH —

EXTRACT OF HEMLOCK.

BY DAVID WARK, M. D., NEW YORK.

[From the June, 1883, number of the New York Medical Times.]

The advances attained during the last few years in gynecological therapeutics have been of a very encouraging character, and give promise of still greater triumphs in the near future. We have much pleasure in bringing to the notice of the profession a remedy by which curative results of an unusually brilliant character can be obtained in cases of uterine diseases that have hitherto been intractable.

We think it may be accepted as a self-evident truth that no remedies can be curative in the diseases under consideration which expend their power on the surface of the morbid membrane, while the deeper tissues are indirectly injured. Curative results can be attained only by the action of a remedy that favorably influences both the surface of the inflamed membrane and the deeper parts at the same time, by coming into intimate contact with the whole interior of the inflamed uterine follicles.

The *extract of hemlock*, prepared by the Geddes Manufacturing Company of Boston, Mass., fulfils the necessary conditions admirably. When placed in the interior of a diseased uterus, it saturates the inflamed membrane by filling every follicle, and thus exerts its healing influence on every part. It is not only an astringent of an unusual power, but in addition it seems to possess a peculiar tonic influence on the tissue whose treatment we are discussing. For this reason we believe it to be specially adapted to the successful treatment of chronic endometritis, in which caustic applications have so frequently proved destructive.

We strongly recommend it to the confidence of gynecologists whose experience corroborates these views. Its application is nearly or quite painless, an advantage always highly appreciated by the patient.

The extract may be applied in full strength to the uterine cavity by means of a probe, the end of which has been wound with absorbent cotton, or a few drops may be safely deposited there with a Molesworth intra-uterine syringe, or it may be dried until it attains the consistence of a soft pill mass; this done, a bit of the remedy the size of a pea may be passed within the os internum on the end of a uterine probe. Once in the cavity of the womb it soon dissolves and exerts its curative influence on every part of the diseased membrane.

Convincing proof of the efficacy of the treatment here advocated is afforded both to the physician and his patient by the improvement promptly experienced by the latter. The best results are secured by keeping the uterine mucous membrane under the influence of the remedy almost continually during a large part of the intermenstrual period. The applications should be repeated every second or third day.

In cases of inflammatory disease of the mucous membrane lining the cervix and in granular degeneration of the vaginal portion of the cervix itself, the use of the *extract of hemlock*, with such other local and general measures as will readily suggest themselves to every practical gynecologist, yields much better results than can be obtained by any other remedy with which we are acquainted. The following cases will indicate the effects that may be confidently expected from the use of this valuable preparation of *hemlock* in passive uterine hemorrhages:—

Case I. A vigorous woman, forty-five years of age, who frequently boasted that she had never required the services of a physician except at the birth of her children, began to suffer from metrorrhagia as the menopause approached. We saw her on one of these occasions after the flow had continued copiously for about a week; at this time it had lost the appearance of menstrual fluid and assumed that of thin, red blood. As the patient began to be anæmic, we applied the tampon daily during the next three days. The hemorrhage was controlled as long as it was in position, but as soon as it was removed, the blood quickly reappeared and did not cease until the inside of the uterus was swabbed out with the extract in full strength.

Case II. A lady aged thirty-five years, the mother of two children, began to suffer from profuse menstruation, which gradually increased month after month until it became a metrorrhagia so copious that her life was saved on several occasions only by the diligent use of the tampon. This resource practically failed, as the hemorrhage returned shortly after the tampon was removed. The bleeding was, however, controlled by the use of the extract applied in full strength freely to the bleeding surface. At the next menstrual period the normal discharge was again followed by copious hemorrhage. We then examined the inside of the uterus, and discovered a small polypus, which we removed, with the result of obtaining a complete and lasting cure. This case forcibly illustrates the power of this *extract of hemlock* over passive uterine hemorrhages.

Case III. A married lady, twenty-six years of age, called me to attend her during a threatened abortion at the third month of pregnancy. She stated that this condition was brought about by herself, she having voluntarily taken some drug for that purpose. We found the loss of the ovum to be inevitable, and delivered her safely. The hemorrhage was not severe, and ceased without the use of local measures, and she made a good recovery. Menstruation began in about forty days, but instead of ceasing at the usual time, it became a copious hemorrhage. We did not lose time by resorting to the tampon, but immediately applied this valuable astringent freely to the inside of the uterus, when the blood ceased to flow forthwith.

In many cases of uterine hemorrhage the advantages obtained by the use of this preparation over other remedies—the tampon included—are obvious. After the application of the latter the hemorrhage always continues from the bleeding surfaces until the uterus is filled with blood, which, when it has coagulated, opposes further hemorrhage, if the blood does not unfortunately pass along the fallopian tubes to the peritoneum. But when the loss of the vital fluid is checked by the use of the preparation here recommended, the blood ceases to flow immediately. The danger of producing a pelvic hematocoele, and the annoyance to the patient of a tampon in the vagina, are both avoided, in addition to the lasting tonic influence of the treatment on the spongy mucous membrane.

this to the intellect of these reformers and benefactors of mankind. Besides all these works published within the last twenty-five years, in large and frequent editions, we have a list of twenty medical periodicals published within the same time, as enumerated in Dr. M. M. Fenner's "Report on Eclectic Medical Literature," made to the New York State Society, January, 1868. In the number of works on remedies and treatment, it is probable that we have excelled any other branch of the profession in this country.

WHAT IS THE SUCCESS OF THE ECLECTIC PRACTICE?

We can specify only a few diseases, but these are the types of our success in others. First of all, we ought to say to those who have not seen this practice, that at least four-fifths of all cases of fever are broken up within first three days of our attendance. This is not true of typhoid fevers taken alone, because they have usually progressed some days before we see them; but it is true of bilious, intermittent, rheumatic, and lung fevers. In the various acute inflammations of separate organs, our remedies are exceedingly efficacious. Our agents to equalize the circulation and restore secretions are so rapid in their action that they overcome congestion and cut short acute inflammation with surprising power. Sudden attacks, like pleurisy, croup, inflammation of the kidneys, etc., usually last but a few hours; and blood-poison diseases, like erysipelas, scarlet fever, measles and small-

pox are far more safely carried through than under any other treatment. The diseases peculiar to children are treated with great success especially the diseases connected with the teething and bowel affections, croup and catarrhs to which children are so subject.

For diseases of the stomach we have numerous and excellent tonics, stimulants and other agents; for diseases of the liver, alteratives which succeed where every preparation of mercury fails; in diseases of the kidneys and bladder, we have remedies the efficacy of which would surprise the most intense specialists of London and Paris. In dropsy, where there is no organic disease, the new remedies act with surprising power, and cure in cases in which there is no hope under any other form of treatment. In various chronic eruptions of the skin, our alteratives are unrivalled. In general debility and incipient consumption, thousands can testify to the rallying power of Eclectic treatment. In consumption, we have excellent and permanent remedies; in bilious colic our peculiar remedies often relieve the intestinal spasm in half an hour; in diarrhoea, dysentery, cholera morbus and Asiatic cholera our practitioners have a success which always and everywhere distinguishes them. In the medical and surgical treatment of tumors, cancers and piles, we are in advance of the age in which we live. In female diseases, both functional and organic, we have a general treatment and local remedies which have everywhere made our practitioners the favorites of the ladies, in these diseases.

Such is only a brief statement, correct in every particular, and which is demonstrated by the success of every intelligent Eclectic physician. Test these statements by giving a fair trial to this system. If successful, as we claim, give American Eclecticism your patronage, and the public the benefit of your influence.

Editorial.

"The "Germ Theory" and "Germicides."

Our readers will doubtless recall the substance of a brief paper on the theory above named, which appeared in the JOURNAL for ——— last. The writer of that article, a personal friend of the JOURNAL editor, is a gentleman, who, for the past twenty years has applied all the spare time at his disposal to matters appertaining to physical science. Though not even nominally engaged in the practice of medicine or of pharmacy, he has acquired an extensive knowledge

microscope, with objectives ranging from the 2-inch to the 1-40, and of makers celebrated as are Wales, Tolles, Gumlach, Beck and others, of magnification from 10 to 8000 diameters, with eye-pieces of the very finest construction. Merely as a microscopist, not at all as a physician, he has spent four months in the almost constant study of bacterial forms of life, and of their connection with certain diseases.

We note with peculiar satisfaction his exhibitions to us of *Bacillus tuberculosus*, the specialty of Koch, of *B. ulva* (suppositious), of yellow fever, and of the micrococci of progressive necrosis, of diphtheria, of pneumonia, and of gonorrhœa. Nothing can be more interesting than these exhibitions, as appearing under the different forms obtained with objectives ranging from the 1-4 to the 1-20. Time really demanded by professional duties, we have gladly surrendered to this most satisfying examination, besides that of urine, blood, pus, mucous, etc.

The result of our conversations, in mere abstract form, we give for the benefit of the fraternity wherever dispersed.

It is the opinion of this gentleman, who seeks no notoriety, preferring to be regarded as a student rather than a master of the science of microscopy, that a very large proportion and possibly all of the diseases which afflict humanity, are produced by microscopic organisms, vegetable or animal. He insists that successful remedies, whether introduced into the stomach through the mouth, by injection, or otherwise, are germicides, pure and simple.

Acarus and *Sarcoptes scabiei* are discovered to be produced by a minute creature whose whole structure is beautifully revealed under the glass. The cure of the disease is simply the extirpation of this, its producing cause. The application which effects it is simply a germicide. The same may be said of *Pulex irritans*. The recent and most successful employment of corrosive sublimate for gonorrhœa is another illustration. [We saw specimens on the slide, of the micrococcus both before and after the treatment, and can hardly withhold acceptance of the doctrine.]

In conclusion, we would say that while those not entirely familiar with the microscope should be slow to accept what seem to be extravagant claims respecting its discoveries, they should not be hasty to condemn without fullest examination, the assertions of men who are patient investigators, and who are pursuing their studies, not for mere sake of gain which seldom comes to them, but for knowledge of the truth. There certainly appears to be a "germ," at least, of common sense, in the germ theory; and the time may be near at hand when the word "germicide" may have a fuller and more definite scientific meaning than it now has to most of us. Brethren, let us "Prove all things, and hold fast that which is good."

In these days of competition, the physician must, in order to keep his share of patronage, not only keep well abreast of the times in all that pertains to medicine, but he must possess himself of that which will assist him in the practice of surgery and gynecology. The surgeon to-day who uses only the implements invented twenty-five years ago and refuses to employ the more modern instruments and appliances, will find himself far behind the wide awake one who watches sharply for the new inventions which may in any way assist him in his work.

The gynecologist who believes the old lounge good enough upon which to make examinations and perform operations, will soon discover that the patients prefer the doctor who employs more modern means. When adjustable operating chairs first came into use they were so exceeding costly (from \$50 to \$150), that only the well-to-do physician could own one; now a chair having all the practical advantages of the high-priced chairs, can be purchased for \$15, there is no excuse for clinging to the old methods. We refer to the new operating chair manufactured by the Eureka Chair Co., the advertisement of which appears in the JOURNAL.

Dr. B. H. Burrell, formerly of Boston, Mass., has resigned his position as Professor of Theory and Practice of Medicine in the Eclectic Medical College of Maine, owing, we understand, to the irregularities in the granting of diplomas at that institution. We are not surprised at that condition of affairs, as we learned before leaving there, a year ago, in what interest the College was being run.

would not receive encouragement; but the old school of medical practice is not scientific, is not successful, and the public heartily welcomes any new mode of practice which can offer better results. The people will patronize what seems to them to be the best. If they could be convinced that allopathy was the most successful in *curing their diseases*, no law would be required to prevent them from seeking medical aid from "irregulars." The system that proves to be the best at the bedside does not require protection by law. As allopathy cannot gain the favor of the public on its own merits it asks for a law to make patronage compulsory. Do the people want such a law?

Miscellaneous.

What is Ozone?

Ozone is an allotropic modification of oxygen, in like manner as the diamond, graphite, and charcoal, although displaying a striking difference in their several physical characteristics, are all merely allotropic conditions of the same element, namely carbon. Ozone, then, is merely oxygen, only in a different physical condition, being more condensed, and possessing much greater activity. It has a peculiar, penetrating odor, somewhat resembling that of chlorine, and perceptible in the atmosphere even when the ozone is present in the proportion of only one part in one million parts of atmospheric air. Ozone is the most energetic oxidizing agent known, and attacks even the nitrogen of the air—usually so different in its affinities—as well as

most other elements, converting them into their highest forms of oxidation. When ozone is exposed to a temperature of 250° C. equal to 482° F., it is converted again into the condition of ordinary oxygen. It is produced in nature by electric discharges in the atmosphere, and is therefore more abundant in the neighborhood of strongly electrified cloud-masses, and in general, in the higher regions of the atmosphere. Through the agency of rain, and particularly of snow, as well as by the descent of condensed moisture, it is conveyed to the lower regions of the atmosphere. It is then rapidly decomposed by coming in contact with oxidizable substances of either vegetable or animal origin, on which it can exert its destructive effect.

Such bodies as carbonic oxide gas, sulphuretted and phosphuretted hydrogen are at once attacked, deprived of their gaseous form, and transformed into other combinations, which are then transferred to the earth. Air loaded with putrid or miasmatic exhalations is therefore immediately purified by contact with ozonized air, and again a developement of such exhalations cannot well take place in the presence of ozone.

The action of ozone on such impure air is extremely powerful. According to Schoenbien, an atmosphere containing only 1-3,240,000 of ozone is capable of destroying all noxious matter contained in an equal volume of miasmatic air. Where or whenever there is a deficiency of this quantity of ozone, there will occur zymotic and contagious diseases, such as typhoid, scarlitina, measles, small-pox, miasmatic fevers, yellow fever, etc., as well as all sorts of skin diseases. To detect ozone in the atmosphere, a very satisfactory test is to expose to the air a moistened piece of test paper prepared as follows: The best Swedish filter paper cut in strips, is dipped in a solution of starch and potassic iodide, then dried and preserved from the air and light. When it is to be used, it is slightly moistened (when too dry) by holding it against vapor, or breathing upon it, and then hanging it out in the air from two to ten feet from the ground, protected from the strong *sun* and *wind*. After six hours it will have become oxidized; then remove and dip in distilled water, when a purple reaction will show in the paper. It is then compared with Dr. Lender's ozonometer, which gives the degree of ozone in the atmosphere where it had been placed. This paper indicates free ozone by liberation of iodine, and consequently, blueing of the starch.

The ozonometry in Boston, which has been carried on since 1878, has proved unsatisfactory, owing to the small quantity of ozone.

From An Old Subscriber.

DR. MARSTON. *Dear Sir:*—Your last editorial "Cannot suit them all" is well timed. Your advertisement of Caulocorea, has changed my practice in female complaints materially. Kava Kava is splendid in gonorrhœal difficulties. Jaborandi, successful in various forms of dropsy.

Cascara Sargrada and Chionanthus combined in equal parts, a most useful agent in constipation and liver troubles, valuable to offset the enjurious effects of quinine which is given by the Allopaths with so little judgment and success.

C. W. BATES, M. D.

NASHUA, N. H., Sept. 18, 1882.

The Geddes Manufacturing Co., Boston, Mass.:

Gentlemen: I have great pleasure in stating that I have used your Extract of Hemlock in inflamed and abraded conditions of the mucous membranes, and in other affections requiring astringents. I have found it exactly as represented; and consider it a valuable and reliable vegetable astringent. Yours very truly,

J. N. WOODWARD, M. D.,

City Physician.

DR CARL SELITER, late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Phil.—Lecturer on Diseases of the throat, University of Pennsylvania, Philadelphia, Pa., says: "I have used a preparation called IODIA, as manufactured by Battle & Co., of St. Louis, both internally and locally by means of a spray in cases of throat affections, and found it admirably suited to certain cases."

LOUISVILLE, KY.

I have used CELERINA in the treatment of nervous diseases with the most *gratifying* results, and in a few cases of *opium* habit. I am thoroughly satisfied with its remedial effects in this particular affliction.

Very resp'y, W. T. LEACHMAN, M. D.

Office, 303 W. Walnut Street.

HEMPSTEAD, L. I., MARCH 25, 1884.

HOMŒOPATHIC.—In the report on obstetrics read before the American Institute, is the detailed report of a case of "imperforated hymen" ruptured with silica 6000!—*Mass. Med. & Surg. Journal.*

Terms:—50 cents per Annum.

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VOL. III.

MAY, 1884.

No. 5.

Original Communications.

Safe Versus Powerful Medicines.

BY W. E. COLE, M. D.

In the early days of the reformed practice of medicine there was much said about safe medicines in distinction from the violent and destructive agents in use by the old school or so called "regular" practice.

Because of the stand taken against the use of the destructive agents in the hands of the old school with their universal practice of bleeding for all ailments, and the employment in their stead of mild and safe remedies, the practice of the reformers increased rapidly. They were successful in cases where destructive drugs were fatal to life.

The basic principle was to *sustain the vital powers* and avoid depletion which was the invariable result of the agents and means in common use. This idea rapidly became popular and thus many were induced to join the ranks of the Reform Practice. But owing to want of opportunity for proper preparation of practitioners in the fundamental principles of the Reform Practice, it was but a few years ere there was a departure from the original idea, and owing to the large numbers who, failing to make a living in the ranks of the old school who had adopted the new name, Botanic or Reformed Practice, and a few of the remedies, a new name was adopted, thus giving a

broader scope, it was thought, to the system and still retain the additions in their numbers as well as invite many more.

But in adopting the new name, *Eclectic*, and giving prominence to the idea of selection of remedies the original idea of *vital support* was and still continues to be largely overlooked, and as a result, the the practice as a distinct school has lost its hold upon the public, while the Homeopathic practice with its distinctive principle kept prominently before the people has for several years past become very popular. Now it seems to me time to call a halt and see where we stand. If Electicism means simply to select the best remedies, and that is all the principle involved, we have nothing worth fighting for, as every intelligent man of every school selects what he considers the best, and is therein a true Eclectic.

If to *sustain vital power* is the principal upon which we stand, and the use of *safe* remedies and the discarding of all dangerous and destructive drugs means for the accomplishment of our purpose, it is time we placed ourselves right before the public. So far as anything published in most of our Eclectic Medical Journals for some years past, a professional or non-professional reader would suspect the former proposition to be the central idea of our system and would be surprised when told that we had any distinctive principle upon which to use the remedies selected.

It was once contended that the large doses of certain narcotic drugs and active minerals were actually destructive to human life, and that because of their general use by the *regulars* many lives were sacrificed. If large doses were so destructive, do not smaller ones have the same action only less in degree? It is recognized also that with many drugs they are cumulative in their action, and thus the frequent repetition of small doses is often followed with fatal results, and it is possible that the alarming increase of Angina Pectoris and Paralysis may be the result of the general use of powerful but deadly remedies.

It has always seemed a fallacy to me how that a drug so active and deadly in its effects upon the human system as to be considered dangerous for people to take when in health, can be curative in its action when a person is sick, even if prescribed by a physician, especially when the physician is obliged to be cautious, to commence its use in very minute doses, and carefully increase lest owing to some idiosyncrasy of the patient fatal results follow. And who dare say that death does not frequently follow as a direct result of the administration of large doses of the poisons that are in general use by physicians of

sometimes succeed with the rich, but whose results are more injurious than useful to humanity." Sir Anthony Carlisle, said that, "the whole art of medicine was founded in conjecture and improved by murder." The following apologue, says D. Alembert, made by a physician, a man of wit and philosophy, represents very well the state of that science: "Nature" says he, "is fighting with disease, a blind man armed with a club, that is, the physician comes to settle the difference. He first tries to make peace. When he can not accomplish this he strikes at random. If he strikes the disease he kills it — if he strikes nature, he slays her."

An eminent physician, continues the same writer, renouncing a practice which he had exercised for thirty years, said, "I am weary of guessing." So universal has the use of poisons become by physicians that people expect all to use them, and very little if any thing else. And yet such is the faith of the people in medicines and physicians, that they will take any thing that is ordered and attribute any ill effects that may follow to the serious nature of their disease instead of the poisonous drug they have swallowed, where it generally belongs.

I have known many persons who, after employing the most celebrated and skillful physicians, if their state without benefit and were given over to die, to discard all drug medication, and resorting to hygienic means of living recover health and strength and live for years.

It is the living principle within man that *cures* or heals and restores the deranged body to its normal state. This vital or healing power must be recognized, and all our efforts made in harmony with it, else we do more harm than good. There are many mild vegetable agents that can be used to advantage in *assisting* nature to accomplish the work of restoring health to diseased bodies. Poisonous agents that cause death do not even in small doses help nature, but instead, they directly retard and obstruct her efforts. To me it is an amusing spectacle to see the frantic efforts of the, so-called, regular school of physicians, to obtain the passage of laws to protect the dear people from the practice of quacks, when they and every body else knows, that as a rule these so-called quacks, rarely use anything but mild and safe vegetable agents for medicines, while the regulars use the most powerful deadly poisons known, and in large doses too.

I wonder which the dear people need most to be protected from. Very likely a friendly chat with the undertaker would throw light on the question. Twenty-five years ago there was no difficulty in distinguishing the practice of an eclectic from an allopath, in methods or results. I fear the same can not be said today with rare exceptions, as we find them prescribing the same line of drug poisons. Is it not time for another *departure* and a return to first principles?

WORCESTER, MASS.

"Why I Resigned."

DR. MARSTON:—I wish, through the columns of the EASTERN MEDICAL JOURNAL," to acquaint the medical public with my reasons for resigning my professorship in the "Eclectic Medical College of

I with one other of the faculty (each of us occupying two chairs), refused to sign his diploma. This student was at the time a member of the board of Trustees. A special meeting of the Trustees was soon held,—at which my resignation was received,—and a quorum only being present by the presence of this student, he threw the vote, declaring the examination in favor of himself. The diploma was then issued—minus my own name. This student at the annual meeting soon after held, was elected Treasurer of the Trustees!

In the published report of the annual meeting, no mention of such an officer as Treasurer is made, curiously enough (?) neither the resignation of a prominent Trustee, nor the resignation (accepted) of a professor, but the resignation of myself is unaccepted, and I am “dismissed” from the faculty for my “published insult” to the College, viz: my article in the “Lewiston Journal” denouncing such actions. I regard even dismissal (if no resignation of three or four weeks standing can be accepted) as an honor. The other professor who protested against the action has also resigned. In closing I would say, that an anonymous letter received by me threatens me with dire consequences, and on the other hand I have a letter desiring me to remain, from one of the management of the college, but who has, since my article, concluded to dismiss me, when it was seen I would not return. I wish these statements to appear in a Massachusetts Journal, for the reason that I was last year appointed a delegate from the College to the Mass. Eclectic Society, and there stated my honest opinion in favor of it. I desire in this article to retract any and all of my statements then made in favor of it.

Respectfully, B. H. BURRELL, M. D.

AUBURN, ME.

Selections.

Happiness an Affair of the Heart and Stomach.

Dr. B. W. Richardson is one of those men of genius who flash out scientific truths, as it were, incidentally, as a smith strikes luminous sparks from the iron he is hammering on the anvil. In *The Asclepiad*, treating of felicity as a sanitary research, under the head "Felicity a physiological quality," the author observes: "The centre of the emotion of felicity is not in the brain. The centre is in the vital nervous system, in the great ganglia of the sympathetic, lying not in the cerebro-spinal cavities, but in the cavities of the body itself, near the stomach and in the heart. We know where the glow which indicates felicity is felt, and our poets have ever described it with perfect truthfulness as in the breast. It comes as a fire kindling there. No living being ever felt happy in the head; everybody who has felt felicity has felt it as from within the body. We know, again, where the depression of misery is located; our physicians of all time have defined that, and have named the disease of misery from its local seat. The man who is miserable is a 'hypochondriac'; his affection is seated under the lower ribs. No man ever felt miserable in the head. Every man who has felt misery knows that it springs from the body, speaks of it as an exhaustion, a sinking, there. He is broken-hearted; he is failing at the centre of life; he is borne down because of the central failure, and his own shoulders, too heavy to be borne, feel as if oppressed by an added weight or burthen, under which he bends as though all the cares of the world were upon him to bear him down." In other words, felicity is a physical result of a brisk and healthily full circulation of blood through the vessels supplying the ganglia of the great sympathetic system of nerves; and whatever quickens and at the same time frees the flow of blood, in these vessels particularly, engenders the feeling called happiness. This is the fact, and we believe it explains the action of many articles of food and medicine and medical appliances. It moreover explains and confirms the truth of the maxim which we have so often recommended for general adoption: "Be briskly, not languidly, joyous if you would be well." This is the converse of the doctrine that happiness is an affair of the heart and stomach. A comfortable, as contrasted with an austere, mode of life is the most natural, and therefore the healthiest and the best. We sometimes wonder why those who live by rule,

ruiness which often consists in being nappy in spite of circumstances. Charles Dickens was in his way a philosopher, and he exemplified the truth now expounded by scientists in the limning of that incomparable character Mark Tapley.—*Lancet*.

Micro-Organisms in Typhoid Fever.

Not many years ago the applicability of the germ theory to explain the facts of typhoid fever was regarded as rather extravagant. Yet, if there be a disease in which the concurrence of etiological facts points strongly in one direction—namely, in that of the virus being a living organism—it is in this. So much so, that it is common to speak of typhoid germs as if their existence had been absolutely proved and demonstrated. In the present ascendancy of bacterial pathology, it is not surprising that the uninitiated should demand actual demonstration of the typhoid micro-organism, seeing how such discovery would harmonize with the known, etiological, clinical, and pathological facts of the disease. Now, although the search has been pursued in many quarters for upwards of ten years, it is notorious that the results have been discrepant and various. The chief of them may be summed up as embracing two doctrines—viz : (1) that the typhoid organism is a micrococcus, and (2) that it is a bacillus. Such discrepancy is doubtless in part due to the peculiar conditions of the disease and the great necessity for caution in inferring anything from the presence of micro-organisms in the intestine, seeing that it teems with them in health, and that such non-pathogenic bacteria are probably greatly favored in their growth by inflammatory states of the mucous membrane. We have no doubt that a skilled

microphytist (if we may venture so to term him) would be able to differentiate in the typhoid ulcer an immense variety of bacterial organisms, putrefactive or otherwise, which no one could assert bore any causal relation to the disease. In spite of these and allied difficulties, the strong confirmation which Dr. Gaffky has given to Eberth's "bacillus," deserves attention.

In the first place we have, with minor differences, a common agreement among such observers as Eberth, Klebs, Meyer, Coats, and Gaffky, upon the characters of this micro-organism, which is found not merely in the infiltrated follicular glands of the intestine, but in the mesenteric glands, liver, and spleen of typhoid subjects. Gaffky, indeed, lays more stress upon its presence in these organs than in the intestine, where it can only be distinctly recognized in the earlier stages. Eberth found it in about one half of the cases he examined; Gaffky in twenty-six out of twenty-eight, and he attributes failures to find it to the employment of defective methods, as well probably to the date at which the examination was made; for it would appear that as the disease advances the bacilli become less numerous, and they may not be found at all in advanced stages. Again, they do not seem to stain very readily, and they are not easily distinguished from putrefactive bacteria. That this bacillus, is, however, a distinct variety, is shown by the culture-experiments which Gaffky records—where, following the well-established methods of cultivation in gelatine, in blood serum, and in potato, he has succeeded in demonstrating that this micro-organism produces a very different effect from ordinary bacteria. It may be remarked that the mere morphological distinctions between these microphytes are often so minute that much greater reliance, as tests of specificity, must be placed on differences in their mode of growth, and the results they produce in the media in which they live.

The mere fact that a micro-organism of a peculiar kind is found in the organs of those who have died from typhoid fever, especially at an early stage of the disease, will not convince the sceptical that this is the actual typhoid germ, or that it is in anyway related to the specific virus of the disease, until it can be demonstrated that the mere introduction of this organism into the body will produce the disease. Has, it may be asked, this same bacillus been yet detected in the contaminated water that so often gives rise to an epidemic? In the epidemic among the Wittenberg garrison, which furnished Dr. Gaffky with so much of his pathological material, and in which the

The Specialist.

In the London *Lancet*, March 15, 1884, Dr. Allbutt pays his respects to the gynecologists thus: "A neuralgic woman is either told that she is hysterical, or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second she is entangled in the net of the gynecologist, who finds her uterus, like her nose, is a little on one side; or, again like that organ, is running a little, or is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted by carbolic acid every week in the year, except during the long vacation when the gynecologist is grouse shooting, salmon-catching, or leading the fashion in the Upper Engadine. Her mind, thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus and you fix in woman the arrow of hypochondria, it may be for life." In commenting on the above, the *Medical and Surgical Reporter* says:

"Though rather harshly expressed, it must be conceded there is much truth in what Dr. Allbutt says. It would be only natural that the specialist, who is confining himself to the diseases of one organ, or one set of organs, should view all diseased conditions from a partial standpoint, while the general practitioner, with a mind trained to general observation, would be much

less restricted in his views. The specialists, as adjutants to the physician, are most desirable—nay, indispensable; as separate and distinct practitioners they are dangerous.”

Much of the one-sidedness of specialists arises from their lack of extended experience as general practitioners, and it may be truthfully said that no one can become a successful specialist until he has become familiar with the general aspects of disease through a long period of general practice. Such a one, if he be thoroughly educated in the fundamental principles of medicine, trained to interrogate every organ of the body, to give every sign and symptom its due weight in making up his diagnosis, will carefully avoid the lop-sidedness witnessed in some of our so-called specialists. There will be little danger of such a specialist impaling a woman's uterus on a stem, or perching it on a prop, or painting it with carbolic acid every week, because the organ happens to be a little to one side, or situated a little too low down, or because the woman suffers from abdominal neuralgia, or other symptoms which might be referred to the stomach or heart as well as to her uterus.

The general practitioner too often forgets the intimate sympathy existing between the uterus and every other organ of the body. He too often forgets that a woman has a uterus at all, and thus allows his patient to drag on a miserable existence for years, when perhaps a “stem” or a “prop” or a simple operation would have restored her to health and happiness. It may be true that the gynecologist too often remembers that a woman has a uterus. It is no doubt true that he makes errors in diagnosis and treatment, just like all other poor mortals, and it is no doubt true that these mistakes sometimes arise because he views “all diseased conditions from a partial standpoint.” Be this as it may, the inability of the general practitioner to successfully cope with the diseases peculiar to one-half the race is responsible for the existence of the gynecologist among us. We may laugh at his pretensions, ridicule his tents, his probes and his speculums; we may commiserate the poor woman who has become “entangled in his net,” and pity her “unhappy viscus” that is henceforth to be “impaled on a stem, or perched on a prop, or painted with carbolic acid,” but it is true, nevertheless, that he has brought health and happiness to thousands who rise up and call him blessed.—*Ind. Med. Journal.*

When Not to Give Chloroform in Parturition.

In a paper read by Dr. Savill before the East Surrey District of the Southeastern branch of the Medical Association, he lays down the following rules to be observed in not giving chloroform during labor:

1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fiber, or

the prostaticorrhea, resulting from masturbation; in chronic irritation of the neck of the bladder, especially when the result of gonorrhea or cold, and associated with temporary enlargement or irritation of the prostate, in chordee; and in gonorrheal prostatitis. The dose is a teaspoonful three or four times a day, of a mixture of two fluid drachms of the concentrated tincture to four ounces of water. This article in therapeutical doses appears to be a permanent stimulant, somewhat resembling nux vomica, increasing innervation, stimulating free circulation, improving the appetite and digestion, giving tone to the sexual organs, and removing morbid mental impressions. We have found

it of great utility in overcoming irritable states of the bladder. Old charges will yield to the stavesacre when nothing else will effect.

cases where a tonic to the genital organs is indicated, we variably resort to this remedy in connection with other agents.

the So-called Eclectic Medical College of Maine.

One year ago this month we took occasion to state in the , the unhealthy condition of affairs at the above named institution. The article, as might have been expected, touched some of the tender spots, and since that time they have been on the floor for us. But so far we are safe and sound, and Prof. Burrill will still further substantiate our former diagnosis. The student who is mentioned in Dr. Burrill's letter, was unable to secure "a certificate of attendance" at the previous terms, because of non-attendance; in point of fact, he visited the lecture room during the "study hour" but fourteen times during one term, and three or four during the other term; then considering that the man was so illiterate to be the laughing stock of the class, the reader may get an idea of the loose work being done at the Maine institution of medicine (?). Another student was fitted out with a diploma, who had attended less than a single term of lectures. Surely if New England are to sanction such goings on, even by silence, we shall soon lose our reputation as a respectable school of physicians. We are to announce, however, that Profs. Burrill and Root have sent in their resignation, and, at present, the faculty of the *Eclectic* (not every body has a name, Mr. editor of the *Mass. Eclectic Medical Journal*,) College of Maine consists of two old school physicians; one of whom and the other is *president* of the trustees, and, (O, ye gods!) the third is made M. D. is *treasurer*.

A Conundrum.

Is it that, while the "regulars" and homeopaths prescribe quantities of Geddes' Extract of Hemlock and speak, almost unanimously, in high praise of its qualities, the eclectics have not taken the least interest in it that it deserves? We are informed by the promoters of this extract that they have made a greater effort to bring the attention of the "reformers" than to either of the other

largely imported, and the American species will no doubt supplant the foreign in time to come.

The following contents of the April number will give an idea of the plan of the work: "*Clematis virginiana*," with a full-page engraving of the plant, together with illustrations in the text, showing related species, appearance of the drug, etc., and also a full-page illustration of the microscopie structure of the stem. "*Thalictrum dioicum*," with illustration. "*Anemone thalictroides*," with full-page illustration of the plant, and illustrations in the text of the parts used in medicine. "*Anemone nemorosa*," with picture of the plant. "*Anemone patens*, the American Pulsatilla," with full page picture of the plant. This plant, which has heretofore not attracted much attention, will no doubt in the future become the commercial source of Pulsatilla, to the exclusion of the foreign article.

The authors state that the following plants will be considered in the immediately succeeding numbers, each article illustrated with a *full-page engraving*, together with numerous pictures showing the microscopic structure, botanical characteristics, parts used in medicine, sophistications, etc., etc.: Anemone Hepatica (Liverwort); Hydrastis canadensis (Golden Seal); Coptis trifolia (Gold Thread); Actæa alba (White Cososh); Cimicifuga racemosa (Black Snakeroot); Xanthorhiza tinctoria (Shrubby Yellow Root.)

Miscellaneous.

The Coming National.

Full arrangements have been made with Mr. Shears, proprietor of the Palace Hotel (Cor. 6th and Vine Streets), for entertaining delegates to the Convention of the National Eclectic Medical Association. The special rates are two and two and a half dollars a day, the price varying according to size and location of rooms. The house has two elevators, and is new and first-class in every respect. The usual rates are three and three and a half dollars a day. Across the street is Greenwood Hall, where the convention is held.

The evening of the 18th of June will be devoted to *re-union* and the Scudder symposium. The late afternoon and evening of the 19th will be spent in a railroad ride to the Zoological Gardens, and a *reception* there will be given by the friends of the conventionists. Mr. Shears promises to entertain three hundred guests, if as many solicit rooms. Headquarters will be at the Palace Hotel. It is suggested that delegates be accompanied by their wives and daughters. Greenwood Hall is large and handsome, and easy of access. From letters already received an unusually large meeting is anticipated.—Howe in *Eclectic Medical Journal*.

RALEIGH, IND., March 21, 1884.

The Geddes' Manufacturing Co.

Gentlemen.—Your samples came to hand, and have been thoroughly tested. I can say that as an astringent, where one is indicated, it has *no equal*. I use it in gonorrhœa, leucorrhœa, and all diseases of mucous membranes. Such of the other members, of our society as I have spoken with regarding it, extol it highly.

I am, very truly yours, W. A. JOHNSTON, M. D.

Remedy for Dyspepsia.

The following excellent prescription for dyspepsia is given by Dr. Alfonso in the *Medical and Surgical Reporter*.

℞ Jensen's pepsin gr. cxcij
 Sherry-wine $\frac{3}{4}$ viss
 Glycerin puris $\frac{3}{4}$ iss
 Acid tartaric. gr. v

M

Sig.—f 3 j, after meals.

This is three grains of the pepsin to each teaspoonful.

—:O:—

PRESCRIPTION FOR DIPHTHERIA.

Mur. pilocarpin gr. iss
 Pepsin (Jensen's preferred) $\frac{3}{4}$ ss
 Muriatic acid gtt. x
 Aqua $\frac{3}{4}$ viij.

M

S.—Teaspoonful every hour.—WM. A. HAMMOND, M. D.

[*The Med. World.*]

Jaborandi in Congestive Chills.

Dr. Thomas Keefe, of Deming, N. M., says that he has employed jaborandi with entire success in quite a number of cases of congestive chills. His modus operandi is to inject subcutaneously about twenty drops of the fluid extract jaborandi, which is to be repeated in twenty minutes later, if necessary (which is seldom the case). In about fifteen minutes profuse perspiration sets in, the chill is broken, and the patient rapidly recovers.—*Brief.*

The *Lancet* informs a correspondent that "the possibility—nay, the certainty in many cases—of flies being a medium of infection, especially in warm climates, has been repeatedly pointed out, though perhaps the fact is not sufficiently borne in mind."

Frequent Micturition — Galvanism.

Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*Br. Med. Jour.*

Original Communications.

A Few Remarks in Reference to Fits.

BY M. P. GREENSWORD, M. D.

I treated a case of Cataleptic Hysteria, about twenty-two years ago, that was caused by a very contracted os uteri that would hardly admit a hogs bristle. The patient was then twenty-two years of age and had suffered from these fits from the time she commenced to menstruate, namely: thirteen years of age. I controlled the fits, very easily, by the use of Gelsemin, in doses of half a grain every three hours, and dilated the os uteri and, in a few weeks, the patient was cured.

Another case was that of a lady aged forty-five. Her disease was Catalepsy, at the turn of life. I used the Fluid Ext. of Veratrum Viride 3 j, to $\frac{3}{4}$ j of Whiskey and $\frac{3}{4}$ v of Water; giving a teaspoonful four times a day. She was cured in four months.

I was called to see a woman of fifty, suffering from Epileptic fits so severe that it required the united strength of six strong persons to prevent her striking her head and limbs against the sides of her bed. She had had no passage of the bowels, for four days, and her abdomen felt very tense and she experienced severe pain when it was pressed upon, even by the bed clothes.

I used two injections of warm soap suds, but failed to give her relief, and could not bring away, by them, any feces. I then tried lobelia inflata which first acted as an emetic, and then cathartic. She passed a chamber-full of feces as black as tar.

Two minutes after she had taken the lobelia, and the very instant she commenced to vomit, the fits ceased and she became free from pain and recognized her attendants for the first time. She has never had any more fits.

I was called in the middle of the night to see a woman suffering from Hysterics. She was in one of those fits when I reached her, and had had twenty-one that same night before I saw her. Each one lasted about five minutes.

I ordered a tub to be placed at the side of her bed, and a pail of cold water and a dipper to be placed near it; I then held her head over the tub and poured a dipper full of cold water over her head. In an instant, the fits ceased. I then gave her the following remedy.

℞ Pulv. Lobelia Inflata seed, 3 j
Div. in powders. no. xij

Dose.—One every two hours.

Whenever I am called to see a case of Hysteria, I always press my hands, over the ovaries, and that pressure gives instant relief to the tenderness that always exists there, in such cases. I often order a bandage to be worn near the lower part of the abdomen which does much good.

In treating Paralytic fits, at the turn of life, I have had very great success by using the following remedies :

℞ Fld. Ext. Ver. Vir., 3 j
Solution of Strychnine. (one gr. to the ʒ) . . . ʒ j
Best Whiskey ʒ j
Water ʒ iv

M Dose.—A teaspoonful an hour after each meal. And :

℞ Argent Nitras in Crystals, and Tannin, . a a . grs. ij
Aqua ʒ vj

M Dose—A teaspoonful fifteen minutes before each meal.

For treating Cataleptic Hysteria, I find the following an excellent remedy. It does not cure in all cases, but it gives so much relief that the fits are not only diminished in frequency, but their force is so much broken that they can hardly be called fits :

Society Proceedings.

The Massachusetts Eclectic Medical Society.

The twenty-fourth Annual Meeting of the Massachusetts Eclectic Medical Society, was held at the Revere House, Boston, June 5th and 6th. There was a fair attendance. The first day was devoted to the election of officers for the ensuing year, and the reading of Essays.

The following gentlemen were elected officers:

President—A. L. Chase, M. D., Randolph.

Vice President—J. P. Bills, M. D., Hyde Park.

Recording Secretary—Pitts E. Howes, M. D. South Boston.

Corresponding Secretary—D. L. Powe, M. D., Falmouth.

Treasurer—J. Perrins, M. D., Boston.

Essayists, were Drs. Wm. Wyman, W. H. A. Young, J. P. Bills, R. A. Reid, C. E. Miles, Pitts E. Howes, and H. G. Newton.

At one o'clock, the 6th, Dr. J. D. Young of Lawrence delivered the annual oration, and at two o'clock the annual dinner was enjoyed, after which there were speeches by those in attendance. At the business meeting, in the forenoon, the following were chosen delegates to National Convention to be held at Cincinnati, June 18, 19 and 20th instant: Drs. H. G. Newton, R. W. Geddes, G. H. Merkel, E. E. Spencer, A. W. Forbush, H. D. West, H. H. Brigham, A. J. Marston, A. L. Chase, J. P. Bills, Joseph Jackson, J. D. Young, C. E. Miles, and J. A. Tabor.

Eclectic Medical Society of Maine,

The annual meeting of this society opened at 10. A. M. yesterday at the Preble House. There was a large attendance. Officers were elected for the ensuing year as follows:

President—M. F. Marble, Gardiner.

Vice President—B. H. Burrell, Auburn.

Recording Secretary—Felix Barratt, Saccarappa.

Corresponding Secretary—Richard Mann, Yarmouth.

Treasurer—N. R. Martin, Saccarappa.

Librarian—W. W. Watson, Auburn.

Councillors—M. H. Holmes, N. R. Martin, J. P. Cowles.

A. M. Fossett was received as a member.

The legislative committee was composed of T. J. Bachelder, M. H. Holmes, and S. E. Root.

Dr. Brown of Auburn made a present of books to the society and they were excepted and a committee appointed to prepare resolutions of thanks.

After the annual dinner a committee on resolutions were appointed, consisting of Drs. Bachelder, Cowles, and Martin.

At the annual dinner to the toast "The Press," there being no member of the press present, Dr. Cowles of Camden responded.

Dr. Barrett read a paper on "Animal Magnetism."

Fifteen delegates were nominated to the annual convention to be held in Cincinnati, June 18th.

Drs. Bachelder, Cowles, Brown and Burrell were recommended for permanent members of the National Association.

"The success of secrecy and fraud as factors in securing medical legislation," was presented by title by Dr. Bachelder, but not read for want of time. Dr. Bachelder also read a paper on the "Restoring of Materia Medica."

The following resolutions were adopted:

Whereas, Members of this Society petitioned the Legislature of this State to grant a charter for an Eclectic Medical College to be located at Lewiston; and

Whereas, The Legislature of the State granted a charter for a college to be so named and located and was so named and located in the city of Lewiston; and

Whereas, The charter expressed the form in which the public trust was to be administered for the public benefit to be wrought in a public manner and by competent and skillful men; and

Whereas, The purposes for which this charter was granted at our request has been departed from by the action of incompetent, artful and designing men, whereby what might have been a public blessing is in danger of becoming an unmitigated curse and a public nuisance; and

Resolved, That we will take steps necessary to put the seal of condemnation upon such unhallowed practices and pledge ourselves if need be to confer with a Legislative committee whereby steps may be taken looking to a repeal of their charter.

Resolved, That we view with admiration the conduct of those professors who resigned their chairs rather than participate in the perpetration of a fraud upon the public by conferring the honors of the institution upon notorious, incompetent men.

Resolved, That a copy of these resolutions be furnished the N. E. Medical Association and also to the medical journals and the public press.

Resolved, That any and all votes of confidence or fraternal regard whereby confidence was expressed in the probity, honor, candor or ability of this college faculty as it now stands, are hereby expunged from the records of our Society.

(Signed)

T. G. BATCHELDER,
J. P. COWLES,
N. R. MARTIN.

The Vermont State Eclectic Medical Society

Will hold its Nineteenth Annual Session, at the State House, Montpelier, June 18 and 19, 1884. The annual address will be delivered by H. J. Potter, M. D., President of the Society.

The following members were designated by the Board of Censors, to prepare papers on the subjects annexed, to be submitted to the Society at its next annual meeting:

Dr. F. H. GODFREY—Inflammation.

Dr. A. D. AYER—New Remedies.

Dr. FENN J. HART—Germ Theory.

Dr. P. L. TEMPLETON—Scarlatina.

Dr. W. R. WOODWARD—History of Medicine.

These are times when Eclectics should be active and thorough in their organizations.

The rapid progress that the reformed schools of medicine have made of late years has developed a united movement of the allopathic physicians in most of the states to pass laws controlling the practice of medicine in their favor, to the exclusion of other schools. And if the reformed physicians are not united in their organizations, the efforts which have repeatedly been made in our legislature would succeed, and the chances of reformed physicians before allopathic boards of censors would be very slight.

Let every one, then, make the effort to attend the meeting this year, and show by our numbers that our rights must be respected.

GEO. H. GRAY.

Recording Secretary.

East Calais, Vt., May 24, 1884.

Selections.

Otitis a Sign of Diabetes, Albuminuria, and other Renal Diseases.

Recently I came in consultation with a physician who summoned me to examine and prescribe for an obstinate otorrhœa. Upon observing that the patient was anæmic and feeble I asked if there was any disease of the kidneys. The reply on the part of the medical man was that no real renal disease existed, but there had been occasional cystitis. I asked if a test had been made for albumen or sugar; and was told that none had been attempted. I then asked for a clean vial, into which I poured an ounce of the patient's recently voided urine. This I shook; and an abundance of persistent bubbles quickly formed on the surface of the fluid. I then boiled some of the urine in an iron spoon held over the flame of a lamp; and found that a clot of albumen fell to the bottom. We had no nitric or acetic acid present; and the boiling test did well in this case. "Now" I said, "the ear trouble is not the primary disorder in this case, but a sequence of the kidney trouble." The physician then took me to another room and asked me to go more fully into an explanation of the diagnosis, for he never had his attention drawn to the association of an aural

drum tympani to give exit to suspected pent up blood. The puncture or slit gave issue to blood and serum, and afforded considerable relief from the horrible pain. In a day or two all signs of blood had passed, and the apoplectic hemorrhage was succeeded by discharges of pus. At the time my attention was drawn to a communication in a French medical journal on "Diabetic Otitis;" I think it was written by Dr. Maurice Raynaud. At any rate, the observations of the author so clearly illustrated my case that I began to read up on the topic; and I found that several journalistic writers had associated otitis and otorrœa with albuminuria and diabetes.

I advised that the discharge from the ear be favored for the present; and that the patient be medicated with nitro-glycerine and arsenic. In a few weeks came the report that the patient was decidedly better, but I entertained no substantial hope of a final cure.

At present I have a case of diabetes mellitus under treatment. The patient has been a man of fine physique, but has declined in flesh and strength for a year. His medical advisers have treated him carelessly, for neither of them have suspected a renal difficulty. After the ears began to ache excruciatingly, and to discharge sero-purulence, professional attention was directed entirely to the objective signs of disease. Before prescribing I took a vial of the patient's urine to my office, and there tested for sugar; and found that it was present in abundance. To convince my patient that he was suffering from a grave renal disorder, I took the soda and copper solutions my friend Professor Lloyd had prepared for me, to the house and there demonstrated the nature of the ailment. The patient, in turn, wanted to know what diabetes had to do with the ears, or the ears with diabetes I could only say that in fact there was no connection between the morbid manifestations, but I was not prepared at present to make the relation clear to his unprofessional mind! I was loth to confess that I knew no more about the connection than he did. However, I was able to convince him that I suspected a kidney disease from the first and that I was competent through the kindness of my chemist—to exhibit diabetic sugar in his urine. In other words, the manipulation gained me his implicit confidence, and unquestionably helped in bring

ing about a cure? No—helped in making the patient follow the dietetic and therapeutic courses laid out for him.

A peculiar complication in his case was a profuse perspiration about the head and neck every time he fell asleep, whether by day or night. This was restrained and finally controlled by minute doses of atropia. Arsenic was given from the start; and in time Bethesda water was taken at the rate of a quart a day. Thus far I have not been able to entirely check the excretion of sugar, but the rapid waste of flesh has been arrested and strength has been gained. Inasmuch as the disease is emphatically incurable, I have no expectation of an ultimate cure.

I do not mean to be understood as attempting to convey the idea that in all cases of organic disease of the kidneys, an aural complication is to be looked for or expected; but as intimating that a morbid connection is frequent enough to be more than incidental.

In cases that have come under my observation the inflammation or lesion is not confined wholly to the middle ear, but the morbid action extends to the mastoid cells, great pain being experienced behind the ears, and even in the muscles of the back and sides of the neck. Possibly the cervical sensitiveness comes from poisoning of the lymphatics, yet the pain is not circumscribed as it is when a tender lymphatic gland follows purulent absorption.

In a case of Brights disease that came under my observation there existed earache, a stiffness in the ears, dizziness and deafness, but no purulent discharge—there was not suppurative otitis.

In conclusion I would suggest that in every case of otitis it would be well to test the urine for albumen for sugar. A Physician would feel awkward to treat a case of otorrhœa and not know that it hinged upon organic disease of the kidneys—the fact being discovered perhaps by an enemy, and competitor for professional patronage and honor. Uroscopy means a looking into the urine to see what may be a bodily ailment not connected with the kidneys; and if it embraced the chemistry of the urinary excretion, as well as a rational therapy, the “science” of the professed “uroscopist” would not be despised.
—A. J. HOWE, M. D. in *Eclectic Medical Journal*.

Vinegar in Post Partum Hæmorrhage.

About ten years since, I attended a patient who had a most violent *post partum* hæmorrhage, so severe, indeed, that I began to despair of

WHO WAS WITH ME WHETHER SHE HAD EVER HEARD OF VINEGAR BEING used before; she informed me that in her part of the country it was considered an excellent remedy, but that she had rarely, if ever used it. When lecturing to a class of pupil-midwives shortly afterwards, I mentioned the case, and advised them most strongly to give the vinegar a trial in case of need. It seems to have escaped my memory until, about two years ago, a midwife at the Queen Charlotte's Lying-in Hospital reminded me of my recommendation, and told me she had given vinegar repeated trials, and greatly preferred it to ergot on account of its certain instantaneous action. She was such a reliable and clever midwife, that I felt her testimony might be taken. Since then I have carefully questioned all my pupil-midwives as to its action, for until recently it was never used in the hospital. They all agree that in their cases of hæmorrhage in the out-patient department, where they were allowed to use vinegar, hæmorrhage was arrested much more quickly than in the hospital with ergot. It was not until recently that I had a good test-case; the patient belonged to a family of "flooders;" her mother and two of her near relations had bled to death. As soon as the child was born, she began to flood. I expected the placenta, and gave a wineglassful of vinegar. The uterus, which which was very flaccid, and constantly dilating, at once contracted firmly under my hand; it did not again relax, although the hæmorrhage continued to a moderate extent. At the end of fifteen minutes I gave a second dose, about two thirds of a wineglassful. In both instances it was given pure, without any water. This soon arrested the hæmorrhage, and the patient did well. I used no other means beyond holding the uterus, as I was perfectly satisfied with the result. I feel certain that I should not have obtained such favorable results with ergot. The action of vinegar is so rapid, that I refrain from using it or permitting its use before the placenta is expelled, for fear of causing retention of that body and making its removal difficult. From my own experience, and from the reports obtained from my midwives, pupil-midwives, and house-surgeons, I can confidently recommend the use of vinegar in *post partum* hæmorrhage. It is a remedy,

if not always at hand, at any moment procurable, simple and harmless, not open to the objection against ergot, which in the hands of midwives is very liable to hasten delivery, nor to the serious disadvantage and dangers of intra-uterine injections. If further trials, on a more extended scale, confirm my experience, I have no hesitation in saying that vinegar will have to be regarded almost as the specific for *post partum* hæmorrhage.—W. C. GRIGG., in *British Med. Jour.*

A Doctor's Ruse.

The following story, told by *London Life*, serves to illustrate the love of people for the mysterious: A short time ago a Parisian doctor set up an establishment in the Faubourg Montmartre. He assumed a high sounding name, furnished his house in a weird and fantastic fashion, engaged solemn looking and taciturn servants, and announced that he could only see patients after the hours of midnight or in the gray dawn of the early morning. The effect was electrical. Every weak-minded person, with maladies real or imaginary, flocked to the new medico, who soon began to reap a golden harvest. At last the suspicions of the police were aroused. The commissary paid him a personal visit and asked to see his diplomas. To his surprise he found that not only had the suspected individual taken good degrees, but that he had graduated with highest honors at the Paris University. Just as he was about to take his departure, however, the doctor entreated him not to let any one know of his high qualifications. The commissary, with some surprise, asked him the reason of his desire to conceal so much intellectual light under a bushel. "Why," replied the other, "if my patients only knew that I was a mere doctor, my patients would vanish like the snow."—*Drugman.*

Damiana.

Common name — LOVE WEED *Natural order* — TUTNERAGEÆ.
Habitat — Regions of the Rocky Mountains.

Damiana, although introduced to the profession but a few years ago by Dr. John J. Caldwell, is really an old remedy in domestic practice. Father Juan Marie de Salvatierra, a Spanish missionary, reports its use among the Indians, over two hundred years ago, as a tonic to debilitate sexual organs and other weaknesses. The Mormon preachers, who certainly use their reproductive organs more than any other class,

efficacious in cases marked by a want of tonicity—atony. In painful menstruation it is often serviceable. In the three cases of this kind treated by fld. ext. damiana (P. D. & Co's.) each was relieved. I used it in one case of incipient vesical catarrh with marked benefit. In five cases of sexual debility (two of them courtesans) I used successfully the following formula. Each case was entirely relieved in two to three weeks:

℞—Ext. Damiana fluidi, ℥ j
 Staphysagria tinct. 3 ij
 Water ℥ iv M.

Dose.—Teaspoonful twice daily. This is my favorite formula, and, with hot water hip bath once daily, nourishing diet, rest to the organs, and moderate out-door exercise, will prove satisfactory to any one that will try it.—F. A. EVANS, M. D., in *Keystone Medical Journal*.

ANTISEPTIC INHALATIONS IN THE TREATMENT OF PHTHISIS.—Mr. Frederick C. Shattuck of Boston, in the *Boston Medical and Surgical Journal*, February 21, 1884, says: English and German journals have of late years contained a number of articles advocating the more or less continuous inhalation of carbolic acid and other volatile antiseptics in phthisis, a method of treatment which is not unlikely to come more into vogue with the developement of the doctrine of the bacillus tuberculosis. It is found that pure carbolic acid can be inhaled for hours from an oro-nasal respirator without causing irritation of the air passages, and some observers, prominent among whom are Burney Yeo, Curschmann and Fraentzel, are favorably impressed with the results. Dr. Hassall, of London and San Remo, has published several articles which tend to show that the application of volatile antiseptics to the respiratory track, by means of respirators and atomizers is inefficient.—*Ft. Wayne Journal of the Medical Sciences*.

Editorial.

"Is There No Difference?"

In the May issue of the *Kansas Medical Journal* we notice an article under the above head, which ought to be taken into consideration by every true Eclectic. He says :

"In a conversation with an Allopathic physician a few days ago in reference to the Eclectic and Allopathic sects in medicine, he remarked that there was practically no difference between them, and that the distinction ought to be abandoned." * * * * "This latter is, perhaps, true to a limited extent, as public sentiment has compelled Allopathy to relinquish much of the harsh and often fatal treatment of the past, while some Eclectics in prominent positions have retrograded so far in their teachings that Allopaths begin to approve them. Between these the difference is so insignificant that I can really see no reason why they should not affiliate. But for myself I beg to be excused."

"I believe the charges that were made by the Eclectic fathers, against the old school of medicine were well founded and successfully maintained. I therefore deny the assertion that there is practically no difference between true Eclectics and Allopaths, and repudiate this effort to close up the breach which has heretofore existed between the schools, without a radical reformation on the part of Allopathy."

* * * * *

We heartily agree with this writer. We *have* a distinctive principle which is embodied in no other school of medicine, and if "some Eclectics" are inclined to "knuckle" to the Allopaths in order to get their approval, let them do so. But let us stand by the colors of Eclecticism as it was taught by its founders. We believe that if all had thus proven true to the principles of Eclecticism from the first, its ranks to-day would be numbered by thousands instead of hundreds. It is refreshing to find a man in these days, who still clings to the old principles of the reformed school, which in practice brought such success to its followers.

While listening to the several after-dinner speeches made at the recent annual meeting of the Massachusetts Eclectic Medical Society, we could not help but notice the *drift* of the subjects, viz., "The Progress of Eclecticism," and note how little was said in reference to its *principles*. In fact, but one man mentioned the matter ; yet we believe the words of that man (Dr. Aldrich,) caused more *thinking* than

Dioscorea Villosa.

As it is the beginning of the season for bowel complaints, we have thought it might be well to refresh the memories of our readers in regard to this old remedy. Dioscorea (Wild Yam) may be called a specific in certain conditions of the bowels. It acts especially upon enfeebled and irritable mucous tissues that become painful from spasmodic contractions of their muscular fibers; for instance, in bilious colic, it almost invariably proves successful; in cramps attending cholera morbus, and in neuralagic affections it works splendidly. It is of great value in the tenesmus of diarrhoea and dysentery. In spasmodic conditions, the result of irritation of the gastric mucous membranes it works admirably. Prof. John King recommends the decoction in doses of half pint repeated every half hour, or hour, in bilious colic.

We carry in our pocket case a concentrated tincture made ounce for ounce. The dose is one half to two drachms, water four ounces, a teaspoonful every hour. While failures will often follow the use of the ordinary tincture, a good article will not disappoint you.

The Medical Journal states that at a recent trial at Philadelphia an expert under cross-examination was asked if he recognized certain books as authorities concerning the matter in hand. He replied that he was familiar with all the books mentioned, and considered them as authorities. The witness was then allowed to leave the stand, and the lawyer's clerk was sworn. He testified that the titles of the works in question were fictitious, having been concocted in the office to which he was attached.

The Medical profession can now be supplied with the means of making in the sickroom a very complete examination, for chemical purposes, of urine suspected to be abnormal. Messrs. Parke, Davis & Co., offer

a set of Urinary Test Papers, put up in convenient vest-pocket cases, containing a supply of reagents with directions for their use when at the bedside of the patient. This, we believe, will meet a want long felt. The reader is referred to their advertisement on the second page of cover, for particulars.

Miscellaneous.

A New Test for Peptones, Which the Origin of the Bile is Transferred to its Proper Place.

In the suit of Dr. Carl L. Jensen against one of the parties imitating his well known Scaly Peptone-Pepsin, of which he is the inventor, Dr. Jensen brought to light that the well known test for bile (Pettenkofer's) is also a test for peptones. The Doctor has long surmised that the slight bitterness of the true peptones is owing to the presence of bile in one of its initial stages, created by the process of digestion; hence his idea of experimenting with the above test, with result of disclosing the presence of the bilic acids. The Doctor then experimented upon boiled albumen, flesh and a solution of gelatine after being converted into peptones in separate bottles by one thousandth part of his pepsin. The albumen-peptone gave a much stronger reaction with the test, than did the peptone from flesh; and the gelatine-peptone was almost unaltered by the test; thus proving that the albumen of the food furnishes the chief elements for the bile.—*Medical World*.

For Spermatorrhœa.

R—Fld. ext. ailan. gland. 3 ij
 Tr. sfaphysagria 3 j
 Aqua, q. s. ad 3 jv

M. Sig.—Teaspoonful three times daily, before meals, and give at bed time a pill composed as follows:

R—Quinine sulph. gr. j
 Ext. damiana gr. ij

M.—Fiat pillula one. Correct habits, errors of diet, remove constipation, and secure a full amount of sleep. Muscular exercise to weariness by day—a cool, hard bed and scant clothing by night. Cleanliness of person, bathing, cheerful company, an avoidance of obscene pictures, obscene literature, of charlatans and patent medicines, are essential factors.—*Keystone Medical Journal*.

Gussendauer, Langenbeck and Esmarch spoke in favor of this thorough operation, and Esmarch even declared that when the glands were intimately adherent to the vessels and nerves, and yet there was no appearance of the disease in other parts, he was in favor of disarticulating the arm to permit of thorough removal; and he stated that the only case in which he had done this recovered and has never had a return of the disease.—*Med. and Surg.*

Cholera Bacteria.

It is reported that Dr. Koch, after examining the corpses of 122 cholera patients, at Calcutta, stated that a special kind of bacteria, known as comma bacillus, is always present in the intestines of cholera patients. He believes that they are the cause of cholera. They are found only in the intestines, which are the seat of the disease, none being held in the stomach. They increased and multiplied on clothes soiled with choleraic ejections, which had been damp for twenty-four hours. A similar increase was observed when the ejections were separated on the damp surface of linen paper, and especially on damp earth. After twenty-four hours the confined layer of mucus had, in all cases, been charged into a dense mass of cholera germs. When swallowed, the germ is destroyed in the process of digestion.

The *Druggist*, of Chicago, tells a good story about a Washington physician, who, being baffled by a peculiar case, called in two consulting doctors, and the three resolved on trying phenic acid, which they had read had been employed with remarkable success by a French

practitioner in similar cases. Going to the best druggist in the town, the physician was surprised at his prescription being unhesitatingly filled. On inquiry, however, he found this mysterious medicine was nothing but carbolic acid, the very thing he had been using in the case for two weeks; but it was too good to keep, and the next time he tries a new remedy he will look it up before asking questions of his druggist.

RULES IN TREATING CHILDREN.—One of the watchwords in treating children is elimination. Don't lock up the secretions. Give nature, that grand old mother a chance. Very rarely should opium, or any of its preparations or derivatives, be used in the treatment of children. He who abides the nearest to this rule will always have the best success in treating them. Look after them closely. Stand by the small and frequently repeated and tasteless medicines. Never forget that a sick child is always dangerously sick.—*Med. Br.*

A MIXTURE of equal parts of camphor and animal charcoal is recommended as a dressing for lingering, ill-conditioned ulcers. The camphor destroys the microbes and the charcoal absorbs the fetid gases. The pain is relieved and the sore takes on a healthy, reparative action.—*Medical Truth.*

THE INFLUENCE OF ALCOHOL ON DIGESTION.—The *Maryland Medical Journal*, February 9. 1884, gives the following conclusions of Buchner as the results of a series of experiments in the influence of alcohol on artificial and gastric digestion:

1. Alcohol by itself, up to ten per cent., has no effect on artificial digestion:
2. Increased to twenty per cent. the process is lengthened.
3. A still higher percentage stops digestion entirely.
4. Beer has the same effect if used undiluted.
5. Likewise the red and sweet wines, while white wine, pure, merely delays it.
6. In ordinary gastric digestion, beer appears to act unfavorably, even in small quantities.
7. Wine is the same.
8. When the absorption and secreting functions of the gastric mucous membrane are impaired, alcohol completely checks the progress of digestion.—*Quarterly Journal of Inebriety.*

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No. 7.

Original Communications.

Alcohol.

BY **W. E. COLE, M. D.**

The use of Stimulants in some form is almost universal by the medical profession. Alcohol is the "sheet anchor" in surgical cases, or in extreme prostration. This agent is supposed to give the patient additional strength to endure the shock of an operation, or sustain him through the crisis of a raging fever.

Does it really do this? If so, how? If the writings of B. W. Richardson, M. D., and others on the effects of Alcohol on the human system are correct, there are reasons to suspect that the common use of alcoholic stimulants, in either acute or chronic diseases, is a great mistake. One of the properties of alcohol is to harden albumen. This is often shown in the familiar experiment with the white of an egg. Alcohol will have the same effect when in contact with the albumen of the secretions or the albuminous tissues of the body, but only to impair their functions in the economy.

As the brain is largely albuminous in its organization, and as alcohol has a special affinity for that organ, it must, as is proved in the person of the habitual drinker, harden its structure and thus impair its functions in every regard. The presence of alcohol in appreciable quantity in the stomach hardens the albumen in its secretion, and thus interferes with its proper action.

Another property of alcohol is its affinity for water, absorbing it in large proportions from all sources. Thus it absorbs the moisture from the membranes of throat and stomach, leaving them hard and dry. If a patient has a high temperature, rapid pulse, dry parched tongue, and great thirst, I fail to see the propriety of giving him an agent that will absorb what moisture remains, and thus increase the thirst and intensify the fever when it has no element of food in itself to impart strength and vitality to the patient. With such results following its use how can it be helpful to the patient when he has already derangement enough of the body to task his powers severely to live? Do you not by administering this agent do harm and increase the danger of a fatal termination to his illness?

When a man becomes sick, the living or vital principle within him directly sets about repairing whatever derangement of the body may exist. If let alone he will get well, if he has power within him to overcome or remove the cause of his sickness, and if not, he will live till his *life-force* is expended. Giving alcoholic stimulants does not increase vital force, does not refresh or nourish him as it is not in any sense a food; on the contrary, it is a poison that must be eliminated from the system the same as any other obnoxious agent and in accomplishing this we witness manifestations of renewed energy in the patient, but I contend that it is a mistake to think that the administration of this poison has been at all helpful to the patient. The energy or vital force expended in eliminating the alcohol would have been used in overcoming or removing the original cause of the disease ere the man would or could die.

Alcohol is classed with narcotic poisons, and at the present day no one questions but what it is such. As one of its primary effects is to paralyze the capillary blood vessels of the brain, as well as those of the skin, I fail to see the propriety of administering it when a person needs help, and no one can think for a moment, that a man partly paralyzed is equal to one in full control of all his powers, so that the alcohol is harmful and not helpful.

Gentlemen, when tempted to prescribe alcoholic stimulants for a patient in a state of prostration, think for a moment of the agent as a poison, that its very presence in the system excites irritation, that because of its affinity for water it absorbs it from the mucous surfaces leaving them dryer and less able to perform their functions, that it hardens the albuminous matter every where, with a special affinity for the tissues of the brain, that it causes paralysis of the capillary

has not given the subject of Ozone special attention, as well as to persons who may be inclined to make use of Ozone preparations.

The article above referred to informs us that there is in many cases a marked deficiency of atmospheric Ozone, which is absolutely essential to healthy animal and vegetable life.

It occurred to an eminent German chemist that such deficiency might be supplied by Ozone artificially produced. After long and patient investigation and innumerable experiments, the impregnation of distilled water with Ozone gas was successfully accomplished.

Ozone water thus prepared has been analyzed by chemists of the highest authority in Germany and pronounced by them to be strictly *pure water* and *pure Ozone gas*, as may be seen by the analyses of Prof Soret of Geneva and Prof Ludwig of Jena, which are given below.

Although many have denied that Ozone gas can be absorbed and retained in water, since the ordinary experiments in this direction have resulted only in failure, yet these analyses establish the fact that *it has been and can be done*.

A simple experiment will enable any intelligent person to verify the result obtained by the chemists above named.

Into a test tube filled with Ozone water, drop a small quantity of nitrate of silver solution, when opalescence will appear the same as with chlorine water. But a few drops of ammonia will make the fluid clear once more, while further adding a few drops of nitric acid, the opalescence will reappear. This is characteristic of Ozone water, no such phenomena being observed in experimenting with Chlorine preparations.

The following analysis of Ozone Water was made by Dr. Herman Ludwig, Professor of Chemistry at the university in Jena, Germany:

"Enclosed in a box I received three thick glass bottles with well closing glass stoppers, signed 'Ozone Water'. On opening one bottle, a strong odor of Ozone was perceived. The water itself is clear and colorless.

"It gave with iodide of potass intensive yellow color, and by adding freshly-prepared starch solution, the yellow mixture was at once changed to a dark blue. Tr. of guajacum dropped on white filter paper, over which water is poured, and Ozone Water added, also causes a blue color, even the white milky fluid taking a bluish tinge.

"Ferro-Sodæ sulphuricum dissolved in water which has been acidated with diluted sulphuric acid mixed with Ozone Water, is not colored in the slightest. A contrary test made with one drop of KO , NO_3 gives a bluish yellow color. Ozone Water mixed with a solution of sulphur-retted-hydrogen (acid hydrosulphuricum,) gives no opalescence. Chromite of Potass, acidated with sulphuric or muriatic acid and Ozone Water and ether, well shaken, gives no blue color, but shows a colorless ether stripe. Nitrate of silver produces plain opalescence which with ammonia disappears, and with nitric acid reappears, but no stronger than before. Chlorbaryum gives no opalescence with Ozone Water. Sulphuric indigo solution is very rapidly bleached by Ozone Water.

"On opening the second bottle, the same strong odor of Ozone met me, and the above-named tests were made whereby the same positive and negative reaction was verified as before. The same result was had on opening the third bottle, which stood the same test. Even after the bottles had been emptied of their contents, the Ozone odor was strongly perceptible.

"I must, consequently, owing to these tests, testify that the Ozone Water represents an extremely strong saturated Ozone Water, which contains no acid, no hydrogenic peroxide, and is free from all foreign substances.

"Besides the above-mentioned tests, I will state :

"(1) Permanganate of Potass. in a thin, watery solution, roseate in color and acidated with diluted sulphuric acid, when mixed with Ozone Water retains its rose-red color for many minutes ; whereas, a contrary test with nitrate potass. causes the roseate color to disappear in an instant.

"(2) Acide of lead, produces no change in the Ozone Water at first but after a few moments there appears slight opalescence, and a glistening whitish, cloudy appearance. After an half-hour it becomes yellowish in hue.

Society Proceedings.

National Eclectic Medical Association.

The Fourteenth Annual Meeting of the National Eclectic Medical Association was held at Cincinnati, on the 18th, 19th and 20th of June, 1884. The following is a synopsis of the proceedings:—

The members convened at Greenwood Hall, on the morning of the 18th. The president, Dr. Edward Younkin, of St. Louis, called the meeting to order at ten o'clock. The old faces of Geddes, Martin, Munn, Merkel, Thompson, Stratford, Clark, Jay, Pitzer and others were conspicuous, as well as a large concourse of new ones. No less than six lady physicians were present, as well as the wives, daughters, etc., of members.

Dr. A. J. Howe, chairman of the Committee of Arrangements, presented Doctor John King, whose presence was enthusiastically greeted. Addressing the Chair, in the name of the State Association, the College and citizens of Cincinnati, he welcomed the members to the city, and wished them a pleasant and prosperous session.

Dr. A. Wilder, the Secretary, responded, thanking Dr. King and those whom he represented, for their fraternal welcome. He paid a tribute to the city of Cincinnati, and referred to the establishment of the Eclectic Institute. For more than twenty years its history was the history of Eclecticism in America; and even since, though our societies and schools have ramified in every direction, still they are branches from this central trunk. The original National Association was organized here, and though its reorganization had been effected at the Queen City of the Lakes, still this place where we now meet is the family homestead, and all have come hither as to their old fireside. We have met before here in Ohio, and been welcomed by a Mayor and a Governor. That was honor; yet Mayors and Governors are ephemeral, and often change. But here, it will be remembered as long as memory holds its seat, that the salutation was by one more distinguished than political leaders. Wherever Eclectic Medicine is

known, from Maine to California, from the Lakes to the Gulf, every one who speaks of it knows that closely interwoven with its history and its literature is the name of JOHN KING. Hence, this was a regal welcome, and as such it is appreciated.

The Committee on Colleges was announced: Drs. L. E. Russell, A. Merrill, S. B. Fisher, and J. M. Mulholand.

On motion, Drs. J. M. Scudder, G. H. Merkel, J. R. Duncan, H. B. Piper, J. M. Welch, were appointed as Committee on Charges and Grievances.

The following Committee on Credentials was also announced: Drs. W. C. Beam, N. R. Martin, W. T. Gemmell, S. S. Judd, J. M. Mulholand.

The roll of States was called, and nineteen State Societies, as well as numerous auxiliaries, presented credentials.

On motion of Dr. W. F. Curryer, of Indiana, the first hour of the morning session of the next day was set apart to hearing an address by Dr. John King.

President Yonkin next delivered his Annual Address. He reviewed the status of Eclectic Medicine in the several states, discounting somewhat on the roseate pictures often presented in reports, recommended more stringent regulations in several respects, advocated the creation of State Medical Boards, and efficient sanitary legislation.

On motion of Dr. Shoemaker, of Iowa, the president's address was referred to a select Committee.

The treasurer's Report indicated an improving condition of the finances, and efficient administration. Drs. Jay and Munn were appointed as a Committee to examine the items, and reported all correct.

Reports on States occupied the afternoon. Dr. Butcher having reported a prosperous state of affairs for Ohio, Senator John V. Lewis, M. D., called its accuracy in question. He severely criticised the Pharmaceutical bill that had been enacted and predicted the passage of a stringent medical bill next winter.

SENATOR BROWN'S BILL.

Dr. Wilder offered the following resolution which was seconded by Dr. Howe and unanimously adopted:—

"Resolved, That this National Eclectic Medical Association in annual meeting assembled, do respectfully but earnestly petition the Congress of the United States, to enact a bill entitled 'A Bill to Secure to the Medical Profession Equal Rights in the service of the United States,' as an act of justice to a large number of citizens, an

the best interests of the individuals employed by the Government, while at the same time its operation can be only beneficial in every respect."

Sections were held on State Medicine, Practice of Medicine, and Obstetrics, and their proceedings ordered to be reported.

The Committee on Charges and Grievances made the following report:

"Your Committee having considered the charges preferred against A. J. Howe, M. D. for conspiracy in the matter of Dr. J. M. Hole at Topeka, Kansas, in June 1883, report that the charges against Prof. Howe are not sustained.

"Also in the case of R. A. Gunn, after carefully examining the case and hearing Professor Gunn's statement, your Committee failed to find sufficient ground for sustaining the charges, and therefore ask for his acquittal.

H. B. PIPER, *Secretary.*"

Dr. Jay moved to accept the report. Dr. Russell moved to postpone the question till nine o'clock on Thursday morning.

Lost, and Dr. Jay's motion adopted.

The Association adjourned until the following morning.

In the evening, the members held a symposiac session somewhat informally, at the Hall of the Eclectic Medical Institute, as guests of Dr. J. M. Scudder. The repast was light and wholesome; the intellectual treat rare and pungent; and the occasion on the whole was delightful to all who participated.

SECOND DAY—MORNING SESSION.

On Thursday morning the Association assembled at the Eclectic Medical Institute, the delegates in attendance choosing that place in preference to Greenwood Hall.

Dr. John King, pursuant to invitation, read his address on the Medical Legislation of the Country. It strongly condemned the various statutes in the several States providing for registration and State Examining Boards as invasions and impositions of civil and personal liberty.

The paper was listened to with earnest attention, and at its close a vote of thanks was rendered to the speaker.

Dr. Howe read a letter which he had received from Dr. Charles Band, transmitting his compliments accompanied by a substantial gift of \$100, Dr. Howe paid a characteristic compliment to Dr. Band, suggested that, in event he died before the generous giver did, the

younger members put one of the best of our resolutions of thanks on his tombstone.

Dr. Gunn now offered a resolution in favor of equality of representation of the various schools of practice in Boards of Health, so that Eclectics should not be at the mercy of the Old School adversaries. The sentiment of the members, however, was too radical to admit any temporizing policy, and after repeated amendments it was adopted in the following form:—

“Resolved, That while the National Eclectic Medical Association is in favor of elevating the standard of Medical education, it is opposed to all class medical legislation.”

AFTERNOON.

The Sections of Surgery and Gynæcology held sessions, and a very interesting clinical case was submitted.

Dr. Howe presented the invitation for the members of the Association to visit the Zoological Gardens, which was duly accepted. After transacting some further routine business, the Association adjourned till Friday morning.

THE ZOO.

The report would be incomplete if the entertainment at the Zoological Garden should be left out. The Association adjourned on Thursday afternoon, and took cars provided by the local committee for this paradisiac mountain. It was a vivid change from the burning, Sodomitic valley of the Ohio, to the cool, Edenic gardens above. The whole arrangements were magnificent, and every endeavor to make them so had been crowned with success. The guests went out on a special train. The animals were all there, in full glory, ready to be named by any Adam who might have zoology enough at his tongue's end to do the subject justice. The giraffe stretched up for a peep, the alligator lounged, the white bears frolicked; the daughters of Eve who were with the delegates refrained with acquired prudence from coquetting with the snakes. It was the cool of the day, and all the trees of the garden were hung with transparencies and Chinese lanterns. A magnificent supper was served, and all fed on the choicest viands to satisfaction. Speeches and toasts concluded that part of the festivity.

Presently the burly form of Dr. Howe became visible, summoning the calcitrants to the front, and gay dancing, such as was common in earlier days of human history, succeeded. Soft eyes looked love to eyes, and all hoped to meet again. The dancing, the glee, the hilarity, were such that the summons to leave sounded on all ears like a call to go forth from paradise and into common world life. The order was

returned to the city.

THIRD DAY—MORNING SESSION.

The meeting was held on Friday morning at the college. Dr. L. E. Russell made a report upon Kings Medical College, placing it on probation for one year before awarding it full standing among Eclectic colleges. On motion of Dr. Gunn, the report was adopted.

The journal of the Secretary for Thursday was then read and adopted.

D. Ingraham, of Illinois, offered the following resolution:—

Resolved. That the address of Dr. John King, on medical legislation, be published in the *Transactions* of this Association, and that a pamphlet edition of ten thousand copies be printed for sale to members, to be circulated over the country.

This resolution being adopted, Dr. A. L. Clark, who is the Eclectic member of the Illinois State Board of Health, delivered an address setting forth the workings of that body, defending its action, and showing that it had improved the status of practitioners in that State, while a large body of pretenders and empirics had been compelled to suspend business or leave the State. This result had received general commendation. He paid a glowing tribute to Dr. King, but declared his address of Thursday to be the great mistake of his life.

Dr. King at the conclusion, vigorously defended his views, and predicted that the legislation of this country, if carried out after the style of the medical enactments, would put an end to its liberties.

Dr. Munn took the same view, and recited the history of medical legislation in Connecticut. It was not reform or aught of the kind that was sought after; the medical statutes read almost alike, and purpose of them all was to rout out Eclectic and Homœopathic practitioners.

Dr. Gunn of New York spoke ably in the same vein.

Dr. Goss, of Georgia, addressed the Association, making similar statements in regard to the legislation of the Southern States. But even there, whenever the Eclectics, were organized in State Societies there would be no ignoring of their claims and rights. Their organization enabled them to concert measures to protect themselves.

The Committee on Credentials reported favorably upon the various recommendations for permanent membership; but adversely to the nomination of Dr. John B. Hennion. The omission gave rise to a warm debate in which the leading members of the Association participated, but ended in the adoption of the report.

The residue of the business of the morning was chiefly taken up by the appointing and action of the Electoral Committee. That body made choice of the following officers for the fifteenth year of the re-organized National Association, namely :—

President—Dr. Henry K. Stratford. of Chicago Ill.

Vice-Presidents—J. Milton Welch, of LaCygne, Kansas ; William M Durham, of Atlanta, Ga. ; Wm. F. Curryer of Thorntown, Ind.

Secretary—Alexander Wilder, Newark, N. Jersey.

Treasurer—James Alton, Lebanon, Ohio.

Altoona in Pennsylvania was recommended by a majority of the Committee for the place of meeting for 1885.

On motion of Dr. Milton Jay, the matter of the next place of meeting was not decided, but left with the Executive Committee. Both Cleveland and Put-in-Bay are largely in favor among the members.

FINAL SESSION

The final session of Friday afternoon was largely devoted to routine business. The local committee and the Eclectics of Ohio were abundantly thanked for their good offices ; a *douceur* voted to the Secretary and Treasurer.

The section work was duly completed, and will make a respectable show in the *Transactions*. Many of the papers presented are of a superior character. Others may require pruning, yet the general feature is a steady advance. The sections of Surgery, Practice, Gynæcology and Obstetrics, were ably officered and did very effective work. Drs. Green, Geddes, Munn, Merkel, Russell, Gemmell, Pitzer, Kunze and others, who had the matter under advisement, had carried on a wide correspondence with excellent results. Such men do an immense amount of work that nobody has any conception of till the results appear at the annual meeting and in the *Transactions*. We may predict for volume xii, as good a showing as for its recent predecessors ; sometimes there will be occasion to use the waste-basket freely, where there is too much verbiage and repetition from older literature. The short, terse articles, with something new and original in them, which cost less to print, are infinitely more valuable to practitioners.

The Iowa College question took up a good deal of time. The Drake University Medical Department had the field at Topeka, and succeeded in procuring a year's probation. Its status was not modified this year, but its rival, the Kings Medical College, was placed on the same footing. Dr. Shoemaker labored earnestly to procure the removal of this limitation, but did not succeed.

equal footing with others of the Eclectic schools.

Several amendments to the By-Laws were reported favorably, and lie over for one year. One of them provides for a retired or honorary list of veteran members, and was suggested by the state Association of Pennsylvania. Another proposed to require all societies sending delegates, to certify to their standing, state their time in practice, and the name of the college at which they graduated.

The new officers were finally installed, and the usual speeches of acknowledgement rendered.

Dr. Gunn, of New York, now addressed the Association. He was, he said, the graduate of an Old School College. Having been engaged in active practice, he was called to account for having made use of a certain remedy at the suggestion of an Eclectic physician. Disgusted with such narrowness and intolerance he abandoned the Old School and united with the Eclectics. He had been among the first in company with Professors Clark, Garrison, Jay, and Whitford, to establish the Bennett Medical College. He had given his best efforts for the formation and prosperity of this National Association. It was now going in the same old rut as the Old School, and there was little occasion for it, if such is the case to exist as a separate body. But he was an Eclectic still in favor of medical liberty. He therefore withdrew from the Association, and separated himself from all medical organizations.

On motion of Dr. Younkin, after a long debate, the resignation was accepted.

President Stratford then declared the Association adjourned.

A. WILDER, *Secretary*.

The Vermont State Eclectic Medical Society.

The Vermont State Eclectic Society held its 19th annual session, at the State House, Montpelier, Vt., June 18 and 19, 1884. The follow-

ing officers were elected for the year ensuing :—

President :—H. J. Potter, M. D.

Vice Presidents :—A. D. Ayer, M. D., G. C. Washburne, M. D., and F. E. Leonard, M. D.

Sec. & Treasurer :—Geo. H. Gray, East Calais.

Censors :—Dr. J. M. Templeton, Dr. G. C. Washburne, and Dr. Dr. P. L. Templeton.

S. R. Wilcox, H. H. Hill, and A. N. Persons were received as new members.

The following legislative committee were elected : Dr. J. M. Templeton, Dr. W. F. Templeton, and Geo. H. Gray. Papers were read by Dr. W. R. Woodward on Poisonous Medication, and P. L. Templeton on Scarlatina.

There was a good attendance of members, and it proved to be one of the most interesting and profitable meetings ever held by the Society.

GEO. H. GRAY.

Recording Secretary.

Selections.

Lobelia.

LOBELIA INFANTA.—This plant is commonly found in this country, and known by the name of Indian tobacco. It flowers from July to November. The leaves and seed are used, and impart their virtue to ether and alcohol.

Its active principle is (lobeline) a pale yellow fluid; of an aromatic odor, and very pungent to the taste.

Lobelia in large doses, and repeated often, is a powerful narcotic poison, causing speedy and violent vomiting, extreme prostration, profuse perspiration, followed by convulsions and death.

In minute doses it is a valuable stimulant to deglutition, digestion, circulation, and nutrition. Perhaps there is no better, permanent stimulant to the circulation. I often combine it with belladonna to overcome a dull, stupid, indisposed feeling in my patient, and find no trouble in giving relief.

This agent is beyond all doubt a true specific remedy; its action is so certain that we can rely upon it. Forty years ago it was a "useless weed," or a "deadly poison." All schools of physicians *now* recognize its great value, and claim for it about the same therapeutic scope of action. Its action is according to the size of the dose administered. By its use we can produce nausea, emesis, expectoration, re-

emetic, I do not like it, it is too severe, but combined with ipecacuana, or mustard, it forms a more generous emetic. Its sedative action is observed in fevers, where it favors perspiration and thereby reduces the temperature.

Combined with aconite, and belladonna in minute doses, we want nothing more certain and curative, in scarlet fever.

In action is not confined to the stomach and associate viscera, but affects the whole system, and in order to do this, it must be absorbed, and act through the blood.

It will prove its curative powers whether taken by mouth or introduced per the rectum. It is through its antispasmodic action, we find its widest range of usefulness. For example, spasmodic asthma, spasms from spinal meningitis, whooping cough, angina pectoris, congestion of lungs, and in all cases of difficult breathing with a sense of oppression, or constriction about the chest. Hysteria is strictly opposed to the action of this drug, and it is amusing to note with what rapidity lobelia tackles this disease. This reminds me of an incident which Professor F. J. Locke relates—A lady failing to obtain a new hat, proposed as a revenge to frighten her friends. She was soon breathing with great difficulty, eyes set, and wearing an expression of horror. The doctor was summoned, took in the situation, and gave her a teaspoonful of the tincture of lobelia, and then a second, but no good was brought about, he gave the third, and fourth, when she exclaimed, "Oh! I am so sick!" vomited, relapsed—lobelia was repeated, all muscular contraction subsided for a second time, but so long as lobelia was at hand, hysteria was a stranger.

Lobelia is of great value in catarrhal troubles, and membranous diseases where there is atony and profuse secretion. — G. E. POTTER, M. D., in *Keystone Med. Journal*.

From an experience of fifteen years with the preparations of the Wm. S. Merrell Chemical Company, we have found them to be uniformly reliable.—*Keystone Medical Journal*.

Editorial.

Rest as a Therapeutic Agent.

That the above agent is of the most vital importance in the treatment of disease, we believe none will deny; yet how prone are we to neglect or overlook it. How frequently it happens that the poor weary patient gets drugged, when the only thing needed to bring about a restoration of health and strength is rest! Rest, physical and mental. *Physically*, exemption from all exercise that brings an iota of weariness. *Mentally*, freedom from all intellectual acts or emotions, all business anxieties, even the greetings and condolences prompted by friendly solicitude. Every disturbing influence should be scrupulously excluded from the invalid's retirement, securing to him that perfect rest which becomes the great fosterer of repair. These days of strife and competition in business, in the professions and in politics, have brought about many derangements of the nervous system which can be controlled only by rest. Dr. Hammond, the celebrated authority on nervous diseases, well illustrates this fact by a case in his practice. He says:

"Not long ago a gentleman in a state of great excitement came into my consulting-room. His face was flushed, his eyes staring wildly, his speech was jerking, and so indistinct that I could with difficulty understand him. I begged him to be seated, but he strode several times up and down the floor before he could sufficiently command himself to sit down and tell me coherently the object of his visit.

"Doctor," he said, at last, "for God's sake put me to sleep. I have not closed my eyes in sleep for five nights, and if I have to pass another night like the last, I shall go mad."

"Yes, I answered, "I think you will."

"Is that all you have to say to me?" he continued. "Is my case really so bad as that? Can nothing be done for me? Night after night I have gone to bed weary and, oh, so sleepy! but the moment my head touches the pillow I am wide awake, and all night long my mind is just as active as in the day. When I get up in the morning, my head is aching, my thoughts confused, and I am utterly unfit to go to my business. Now if I could get one night's sound sleep, I could make a hundred thousand dollars before the week is out. Can you give it to me?"

"Yes; upon one condition."

"Oh, I'll do any thing you want. I'm not afraid of medicine. You see," he went on in an excited manner, "I've got hold of a good thing. I've followed it up and have almost settled the whole matter, but my mind is in such a state from want of sleep, that I can't work as I used to. Why, I can't even add a column of figures correctly."

"You do a great deal of brain-work, I suppose?"

"There isn't a man in Wall Street that can beat me when I'm at my best."

"How long have you suffered from the want of sleep?"

"Well, as I said, for five nights I have not slept a wink, but then I have had more or less headache and wakefulness for a year or more."

"Anything else?"

"Nothing, except dyspepsia and palpitation of the heart, but I don't mind them. I want my head set right, and I want sleep."

"And you are perfectly willing to do exactly as I advise?"

"Good Heavens! I'll do anything to get right again!"

I examined him, and wrote him a prescription.

ing on in the abrupt way you speak of, it is out of the question.

"Now, my friend," I said, speaking slowly and deliberately, so that he should understand and appreciate every word, "I thought just now that you were a sensible man; I find, however, that you are the very reverse. It is, perhaps none of my business to argue the matter with you. You came for my advice, and you have got it. But I feel compelled to tell you not only for your own sake, but for that of your wife and children, that if you keep on in your present course, you will be in a lunatic asylum before the week is out.

"You surely don't mean that!"

"I mean every word of it. Your brain is now in a state of extreme congestion. You are using it up faster than you make it. You are living on your brain-capital instead of your income, and as a financial man, you know that that means brain-bankruptcy some time or other. Night and day you are consuming your mental forces. You cannot sleep because your brain blood-vessels are gorged with blood, and hence there is no chance for rest and recuperation. It is a mere question of time, and a short time at that. I do not think you can stand it a week longer, for you are on the verge of an attack of acute mania. You profess to have common sense. Suppose you were a surgeon and a man came to you with a burnt hand,—you gave him a salve to put on it, and straightway the man plunged his hand into the fire again. Would you expect the salve to him any good? If you have made up your mind—the little that is yet left to you—to keep on in the attempt to succeed in your speculations, straining your mind to its utmost and depriving yourself of sleep, I tell you frankly to save yourself the annoyance of taking the medicine prescribed, for it will do no good."

He looked at me stolidly for a moment, then started to his feet, rammed his hands deep into his trousers' pockets, and paced the floor rapidly for a couple of minutes. "I'll go," he exclaimed at last, "if it makes a beggar of me!" and without another word he left the house.

He *did* go, remained absent a month, in the Adirondacks, and returned a wiser and a better man. He slept every night after leaving the city, and though he did not make the particular hundred thousand dollars for which he was struggling, he has made many more since by using his brain properly and giving it proper periods of relaxation and repose.

Fall River, Mass., March 11, 1884.

The Geddes Manufacturing Co.,

Gentlemen: Replying to your valued favor, I would say that I like your Extract of Hemlock Bark very much. I have used it exclusively in vaginal and cervical leucorrhœa, and find it all I could wish for.

I find other physicians, now, besides myself are using it. Thanking you for the bottle sent, I remain, Very respectfully.

C. A. PECKHAM, M. D.

89 Bedford St.

We ask as a special favor of our readers that, when corresponding with our advertisers, they will mention the EASTERN MEDICAL JOURNAL

Owing to the fact that Cholera has again made its appearance, indeed has already gained quite a foothold in France, and the probability of its reaching this country is causing much discussion and anxiety, we have thought the article on "Ozone," which appears in this number of the JOURNAL, by the proprietors of the Ozone Manufacturing Co., of Boston, would be of special interest to the profession. That Cholera is a "germ" disease is now beyond controversy, and that the rational treatment for the disease is by the use of a germicide, is now unquestionable. Dr. G. H. Merkel, of Boston, who wrote the essay, "Zymosis," which took the "Band Prize" at the "National" two years ago, writes: "It is acknowledged that the cause of cholera is a deficiency of ozone in the atmospheric air, and the remedy is the inhalation of oxygen. Ozone water, being far more convenient to dispense than oxygen gas, will admirably fill the bill, both as a cure and as a preventative." As every means possible should be taken to prevent this terrible disease from visiting the United States, we think this subject of the Ozone treatment well worthy of consideration.

It is well known that albuminous foods in excess give rise to the condition known as biliousness. Fothergill explains this by claiming that the albuminoids undergo a sort of second digestion in the liver. The experiments of Dr. Carl L. Jensen, mentioned in the last number of the JOURNAL, show that the bile acids are produced in the stomach by the action of pepsin upon albuminous food. This discovery is of much interest and importance. It seems, then, that the liver is an excreting organ pure and simple; that the bile acids, formerly supposed to be manufactured by the liver, are manufactured in the above mentioned way, absorbed into the blood, and separated therefrom by the liver. It is very plain that excess of albuminous foods may overload the liver with bile elements. The kidneys must come to the rescue when the liver fails to excrete these elements. That there should be pathological relations then between the liver and kidneys is not strange.

During the past ten years I have used nearly all of the different preparations of pepsin in the market, but have witnessed more positive results from Lactopeptine as prepared by the New York Pharmaceutical Association. There is nothing equal to it in Cholera Infantum, and digestive derangements of children incident to the hot weather of July and August. It is the remedy par excellence for the nausea and vomiting of pregnancy.

W. E. COLE, M. D., Worcester, Mass.

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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Original Communications.

**Erysipelas, Salt Rheum, etc.,—Objections to the Treatment
Followed by Some.**

BY M. P. GREENSWORD, M. D.

Hiding disease is not curing it. Some medicines seem to have the effect of hiding disease. Arsenic, Quinine and Potato-water are such agents. To thus hide, rather than cure disease, is in my belief dangerous. Many years ago I remember a case of malarial fever which was treated with quinine with the above effect.

The patient, a young lady, wife of a minister, was taken one Sunday morning with a chill followed by some fever. Her mother administered five grains of sulphate of quinine and supposing there was no danger attended church. On returning she found her daughter in convulsions. A physician was sent for at once. but she died of congestion of the brain before he arrived. I once treated a married lady for erysipelas and salt rheum of the face, by cleansing her blood with the use of podophyllin and leptandrin. The eruption entirely disappeared. At the time I remember telling her that local applications without constitutional treatment were dangerous. Some time after this she was attacked with the same trouble when, by the advice of an old lady, potato-water was freely used to bathe the skin, under which treatment the eruption disappeared, but unfortunately, pneumonia set in, from which the patient died

within five days. That the local bath drove the disease internally I am certain, the lung trouble making its appearance immediately after the external difficulty had subsided. For the last twenty years I have had occasion to observe the effects of arsenic upon the system, as it is frequently prescribed by the profession, and I am perfectly satisfied that it is a very dangerous agent, for the reason that it *seems* to effect what it does not. Many who take it say they feel stronger when under its influence but I believe that the additional strength they seem to possess is more imaginary than real. The pulse and general appearance indicates the true condition. Such persons remind me of beer drinkers. They think they are improved by it, but let them be attacked with a disease and observe how soon they sink under it.

I am at present treating a young lady, afflicted with erysipelas and salt rheum, who has taken large quantities of arsenic. It cleared up her skin temporarily but when she got over-heated by exercise, or by standing near a hot stove, the disease would again appear on the surface. I call that kind of treatment *cobbling*. The following is the treatment I gave her:

℞ Argent. Nitras grs. v
 Acid. Tannic. grs. ii
 Fl. Ext. Cascara Segrada
 Spt. Frumenti a a ℥ i
 Aqua ℥ iv

M Sig. teaspoonful fifteen minutes before each meal.

Locally, I prescribed for the lower part of the body:

℞ Sodæ Boras 3 i
 Tr. Fer. Mur. ℥ i
 Aqua o ii

M Sig. Lotion; and for the face I employed:

℞ Morph. Sulph. grs. iii
 Cadmium Sulph. grs. ℥ ii

M Sig. Lotion for the face.

For the scalp I used the above with the addition of glycerine and bay-rum.

After treating the case constitutionally for a time I made use of the India-rubber adhesive plaster about the back, limbs, forehead, and some parts of the scalp. This drew a large quantity of foul purulent matter from beneath the skin, which, in my belief was driven there by the arsenic.

The patient can now go near the fire without the reappearance of the eruption; in fact she is almost entirely free from

the disease, having been under my care nearly three months. Her mother insists that the cure is miraculous.

POUGHKEEPSIE, N. Y.

From one of the "Simon Pure."

EDITOR EASTERN MEDICAL JOURNAL:—We notice an article in the June number of your magazine, entitled "Is there no difference." Well, that is nothing but what we may very naturally expect. There was a time when the people of my section knew well there was a *grand* difference. When the lancet, the mercurials and the nausians constituted the medicants of one class; when neither water nor cooling baths were admissible, while the eclectics,—I mean the old Jacob Townsend, simon pure honest philanthrophists, who had the *sand* to act and do good to his fellows without fear or favor of the "codes," or any body else—while those eclectics, I say, gave the fever scorched lips good cool water, and wrapped his burning body in wet sheets, and thus opened the agglutinated pores, and assisted overburdened and almost exhausted nature to rid herself of the accumulated poisons that were causing her such terrible efforts to overcome. *Then* one could tell the difference. But how stands the case now? Allopathy has been compelled to shelve the lancet, the calomel and the nausians, not from any kind feelings towards eclectics, but because the *people* will not patronize them. And now they are trying to make some of our young and "smart elics" believe there is no difference, and that it is "unprofessional" to let the public know, as the old eclectics did, by writing, speaking, and otherwise instructing them concerning the new system of practice which can cure disease the most effectively and with the least disturbance. If you have a good thing get it before the people and if its merits are what you claim for it all is well, if not you cannot keep it up.

Eclecticism does mean something, and that man who took all the abuse that pomposity could bring to bear, to establish such a system of medical practice for this continent, deserves the gratitude of the people, and they should resent all such propositions of allopathy as absurd in the extreme. REFORMER.

Curious Case.

EDITOR EASTERN MEDICAL JOURNAL:—

I have a curious case under my care which perhaps will interest the readers of your practical journal. The patient, a man

about thirty years of age, perspires profusely on the slightest exertion on one side of his head and body, while the other side seldom shows moisture except after violent exercise. This condition has been since he was quite a boy.

His general health is never very good, suffering mostly from nervous prostration. Can any one report a similar case, or suggest a remedy?
Practitioner.

Treatment Wanted.

EDITOR EASTERN MEDICAL JOURNAL:—

Will some of the many readers of your valuable journal give me a treatment for whooping cough that has proven in practice to be of value. Pertussis is very prevalent in this section, (Mass.) and all the so-called "specifics" have seemed to fail. I hope to see several answers to this in the next number of the journal.
J. A. G.

Selections.

EDITOR *Medical Brief*:—

It is with pleasure and satisfaction that I pen you the following result in one special case of Chronic Menorrhagia, treated by me with "Caulocorea," with but few auxiliary remedies. I could report several minor cases where it has proved a potent remedy, but this one will suffice. You are at perfect liberty to make whatever use you deem proper of the statement.

Case Mrs. "C," aged 38, mother of three children, youngest aged 10. Mensurated every three weeks; menses profuse, continuing six to eight days, resulting in extreme prostration, pallor, weak pulse, cold feet and hands; complains of vertigo and excruciating pain in parietal region, accompanied with aggravated Hæmatemesis; courses were always regular and natural until six months after the birth of last child. There was not undue lactation, however, to prevent nursing last child the usual time. One year ago the physical energies were completely exhausted in consequence of the long continued drain upon the system. The general symptoms pointed to Chlorosis. Both general and local treatment generally resorted to in Menorrhagia, such as the mineral acids, quinia etc., were perseveringly used, all to no purpose. Last February I procured two pint bottles of Caulocorea; it was administered alternately for two months, with the happiest results; the patient now menstruates regularly and

normally, with not a single disagreeable accompanying sensation, and no medicine has been given for over seven months. Caulocorea is certainly the *sina qua non* of all female remedies. I can freely endorse such preparations. Hoping for its eminent success, I am,

FRANKFORT IND.

Respectfully yours,

S. M. SMITH, M. D.

Analysis of Beef Peptonoids.

Report on *Beef Peptonoids* by PROF. ATTFIELD, F.R.S., F.I.C., &c., Author of "A manual on Chemistry, General, Medical, and Pharmaceutical."

The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:—

Albumenoids (containing nitrogen 10.94),	-	69.25
Fat	- - - - -	10.71
Sugar, including a trace of starch	- -	9.50
Phosphates, equal to bone phosphates	-	3.01
Other mineral substances	- - - - -	2.61
Moisture	- - - - -	4.92
		<hr/>
		100.00

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean beef, one-third; the solids of milk, minus most of the fat, one-third; the gluten of wheat, one-third; the beef being partly digested or "peptonized." My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen 10.94); more than 20 per cent. of warmth-producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone forming phosphates; about 2 per cent. of other normal mineral matter, and about 5 per cent. of moisture. A sample of the constituent gluten submitted to me was practically pure, containing only a trace of starch. Rather more than one-fourth of the albumenoids, probably the "peptonized" portion, was soluble; while practically the whole of the "Beef Peptonoids" was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way an acceptable article of food, containing nearly 70 per cent. of truly nutritive nitrogen-

ous material partly peptonized has never before, to my knowledge, been offered to the medical profession or to the public.

LONDON.

JOHN ATTFIELD.

Diabetes Mellitus—Rheumatism.

Case 1—Mrs. H., æt. 62, native of Kentucky, troubled with attacks of diabetes at irregular periods for the past ten years, of late years suffering a great deal with severe cystorrhœa; pain in the back and loins; incontinence of urine. The usual remedies have been persistently tried without any permanent benefit; to palliate the suffering, and for the time being to partially control the vexatious dribbling was the best I could do, until Lithiated Hydrangea (Lambert) was brought to my notice. At first I ordered a teaspoonful of this compound every 6 hours, then every 5 hours, and finally every 4 hours, continuing this treatment for nearly six weeks. Good results commenced from the first; one by one the complications gave way until finally the whole train of evils were overcome. That patient to-day is comparatively free from the disease that has been the vexation of her life for so long a time.

Whether or not this relief may prove a permanent cure in so old a patient, it indicates the extraordinary merit of the Lithiated Hydrangea in a case where other current remedies had failed, and I should state that none other were used in conjunction or alternated with it.—*St. Joseph Medical Herald*.

CULTIVATE fully expanding the chest in treating all chronic diseases. All chronic invalids take less oxygen into the blood than the physiological needs of the system demand. All caco-plastic material are but the half-oxydized retrograde debris of nutrition, and have been made insoluble by the lack of oxygen in the blood. In point of experience, habitual expansion of the chest will cause an increase of the red globules in the blood. This fluid lives off of the system at large—replenishes itself from all the organs and fluids; in return it carries oxygen and food to all of them. The oxygen is used by the tissues to verify the protoplasmic elements of the cells; it is also used to liquify and make soluble for easy removal the retrogressive products of assimilation that have gone through the laboratory of the protoplasms of the cells. Hence oxygen is the out-and-out vivifying element of the body, and the main leg life stands upon—necessarily of paramount importance to the maintenance of health. Then there is a vital point attained in

cultivating the power of the body to take in oxygen. The capacity of the system to take in oxygen is only within very large limits fixed. The muscles and nervous system, along with the active glands—like the liver, etc.—are great consumers of the oxygen; the power of the blood to take it in depends on its number of red disks. But to increase these doses must always depend on the capacity of the respirators and the lungs to run the pump, and the protoplasm to work up the oxygen. Full breathing and good hygiene will cure consumptive habit, scrofula, dyspepsia and nervous diseases. Feeble children need to be taught the art, so do feeble women. Try it.—*Geo. Eclectic Med. Four.*

The Bandage as a Cause of Hour-Glass Contraction of the Uterus.

Dr. J. J. Gorham, writes in the *British Medical Journal*, Mrs. K., who had previously nine children, all with one exception natural labors, sent for me on her tenth confinement. On my arrival at the house, the os and passages were fully dilated, the head presenting at the brim; the membranes had broken an hour before my arrival. After waiting a short time, and seeing that the head had not advanced, I put on the long forceps and delivered, whereupon a second child was found in the uterus. This was turned and delivered, and, in the absence of anything better at hand, I extemporized a binder out of a small shawl, and after having given a full dose of ergot, I waited for the completion of the third stage. After half an hour, the insertion of the cord into the placenta not being reached with the finger, I introduced my right hand with some difficulty through the os, and, after examination, I found complete hour-glass contraction, with the greater portion of the placenta imprisoned in the upper cavity. I had some difficulty in passing index and middle finger through the constriction, so tightly did it embrace the placenta; and, on manipulating with my left hand outside the abdomen, the cause of the mischief became at once apparent. The binder instead of forming a firm support for the fundus of the uterus, had collapsed, and formed a constricting cord around the abdomen near the umbilicus. Removing the binder all difficulty ceased, the placenta was removed, and the woman recovered.—*Louisville Medical News.*

Chloral for Sleeplessness.

Again we have to record with deep regret a sad proof that those who give or take chloral or bromide of potassium for

sleeplessness are guilty of a deplorable error and do a grievous wrong. The narcotics which poison sleep also deprave the higher nervous centers, enfeeble the controlling power of the will, and leave the mind a prey to the depressing influences of a conscious loss of self-respect and self-confidence. The cultured feels the ignominy of this intellectual and moral depreciation with great acuteness, and in the end succumbs to the sense of powerlessness to recover self-control and do right. The deprivation wrought is purely physical. The baneful influence of the lethal drug is, so to say, organic. The essential elements of the nerve tissues are blighted by the stupefying poison, as by alcohol in habitual drunkenness. In short, the recourse to chloral and bromide is precisely the same thing as the recourse to alcohol. The man or woman who is sent to "sleep"—the mocking semblance of physiological rest—by a dose of either of these narcotizers is simply *intoxicated*. No wonder habitual drunkenness of this class first impairs and then destroys the vitality of the mind-organ, and places the subject of a miserable artifice at the mercy of his emotional nature, and makes him a creature of his passions. When will the public awake to the recognition of facts with regard to the use of these most pernicious stupefacients? Persistence in recourse to them has no better excuse than unwillingness to take the trouble to search out the cause of the "wakefulness" which prevents natural sleep.—*Lancet*.

The Code.

The admirer of the code can not conceive why it should be abused. "If you are good men," he argues, "it can't hurt you, and if you are bad men, it will teach you how to be good." The fact never occurs to the reformer, that good men have no need of a code, and bad men will never obey it except as it suits their convenience, or when they have some mercenary end to gain by doing so. The most conspicuous champions of the medical code are frequently in practice the most willing traitors to its government. It has been said and with a suspicion of truth, that the medical profession in relation to the code has become an organized system of hypocrisy; it professes to be governed by ethical laws which in private are ignored and violated; it professes to be governed by principles which are privately derided, "Sunday school ethics," good enough as texts for college eloquence and quite indispensable for society oratory, but altogether too ethereal *per se* for grappling with the problem of every day life; the problem of how to get a liv-

ing and maintain a position of honor, respectability and influence in the community. The honorable and conscientious physician has no craving for arbitrary ethical creeds to direct him in the attainment of this ambition, and no amount of "ethics" could make anything but a pretentious mountebank out of a man otherwise morally constituted.—*Brief.*

The Treatment of Gonorrhœa.

Many of the journals that have come to my notice of late have contained articles entitled "Gonorrhœa." The title of each suggested some new remedy, or an old one newly applied, but each time the article failed to sustain the suggestion. It was the same old story: Plumbi acetar, zinci sulphas, morphiæ acetas, hydrastis, etc., all very good remedies in their way, but in this disease not as potent in my hands as some others.

I claim no new discovery or magic lotion that always cures every case, but wish to call your attention to a simple remedy that has proven successful when the above have failed. I have no doubt its simplicity has caused other practitioners like myself to overlook it, and select the more pretentious ones. I have often read in my text-books the prescription with vini rubri for its basis, but gave it no thought until my attention was called to it by a patient who had suffered from gonorrhœa for nearly a year. During that time he had been under the care of the best "regular" physician in the community, and was finally cured by simple claret injections.

A few days later a patient presented himself who had suffered with gonorrhœa for three weeks. During this time he had been under the best "regulars" with no improvement. I gave claret injections and apis. mel. gtts. 30, aqua q. s. ʒiv. Sig.—Teaspoonful three times daily. In one week he reported himself well. I find claret the most effective in the first stage. If it has passed on to ulceration I use the urethral suppository of iodoform.

The homœopaths use vini rubri and aqua equal parts and add as many grains of tannin. I cannot see the advantage of robbing it of its efficacy with water and trying to replace it with tannin. I prefer the natural astringent property of the claret, to which it undoubtedly owes its virtue in contracting the capillaries and reducing the amount of blood in the mucous membrane and thus overcoming the inflammation.—H. APPY, M. D., in *Cal. Med. Journal.*

Cholera-Researches of Dr. Robert Koch.

Translated from the *Courier des Etats Unis*. By S. Pollak, M. D., St. Louis.

MARSEILLES, July 10.

At a conference of physicians with Dr. Koch at the Pharo-Hospital, a careful microscopical examination was made of the microbes, which Dr. Koch brought from India.

He was asked whether he ever found the microbes in the blood. Never, was his answer. He demonstrated that the choleric microbes are half as large as the typhoid microbes, and have, besides, an oblong form. He found them in most fulminating cases of cholera. In no other epidemic disease did he find the microbe so characteristic as in cholera. The microbe is not sporous. It is a scissiparitous product, it lives in an alkaline liquid; is destroyed by acidity, and still more by siccidity. Three hours of siccidity suffice to kill it in the dejections. Its channels of introduction are the mouth, the digestive organs, and the intestines. If it is in the air, it is soon reduced to a powder, and enters the lungs, without harm. In the intestines it multiplies rapidly.

When asked by the President of the Sanitary Commission about prophylactics, he said, that the bacilli live in water, and the virulent germ propagates itself. It can be propagated by the washing of vegetables or other aliments. The first measure which should be rigorously prescribed is to use only cooked aliments, in which the microbe cannot exist.

The treatment recommended by him in the beginning is opium, which must be discontinued as soon as the algide state is reached; stimulants may then become necessary, though he could indicate none. As soon as chilliness sets in, nothing can be done. He washes his hands in a solution of bichloride of mercury $\frac{1}{1000}$, eats only well-cooked food, and drinks only boiled water.

Before leaving Toulon, Dr. Koch addressed the following communication to the Council of Hygiene:

Cholera propagates itself in assemblages of men; its principle unexceptionally communicated by direct contact with men, or with their wearing apparel.

In cholera times, a well-regulated life must be led; experience has demonstrated that troubles of digestion favor an attack of cholera. Excesses in eating and drinking, the use of heavy, indigestible food, must be avoided, and also anything which may cause diarrhoea. A physician should be called immediately. Never absorb anything which comes from a contaminated source; when in doubt whence it came, subject it to a thorough cooking, and especially so milk.

Water tainted by human detritus is forbidden ; avoid the use of doubtful water, of water drawn from shallow wells or a swamp, a pond, or a creek receiving vitiated water. Consider as essentially dangerous, water that has been in any manner soiled by choleric dejections. Water that has been used for rinsing vessels, or washing clothing, should not be poured into a well or into a running stream. It is impossible to get absolutely pure water, the simplest way therefore is to have it boiled.

These observations refer not only to water used for drinking, but for water used in the household ; for the choleric germ, once existing in the water, can be communicated to all who make use of it, whether in the laundry, scullery, kitchen or bath. The most important consequences of these remarks are, that it is not sufficient to guard against cholera, to use pure, or even boiled water. * * * * *Journal of Am. Med. Ass'n.*

Editorial.

Avena Sativa in the Cure of the Opium Habit.

Having read the claims of the proprietors of a preparation of the above article, in the treatment of the opium habit I was induced to try it in the case of an old lady, who had been a victim for three years. I first saw the lady—Mrs. B., eighty years of age—in November, 1883. She had had a solution of Sulph. Morphia injected over 2000 times in three years, her arms and shoulders being covered with scars made by the syringe. At the time of my seeing her she required an injection of ten drops twice daily of a solution of two grains to the drachm.

I commenced treatment by ordering the amount of solution reduced one drop at each time using till reduced one half and then omit one injection each day. To sustain the patient I ordered twenty drops of tincture Avena Sativa Con., as prepared by B. Keith & Co., N. Y., every four hours. After omitting one injection each day, I increased the dose of Avena to thirty drops, to be given in hot water, and repeat as often as needed to relieve the sinking sensation which resulted from absence of the morphia.

This treatment was continued for several weeks, during which time the number of drops of morphia solution was reduced to three, once a day, with occasionally a second injection when the suffering was too great. Some of the time the reduction was made by adding to the solution as many drops of clear

water as were taken out for each injection. This was continued until the solution was nearly clear water, but when the patient suffered too severely, one or two drops of the full strength would be given. Thus the time went on for several months, with a continued use of the Con. Tincture of Avena, until the injection of morphia were discontinued entirely.

It is now three months since the use of morphia was discontinued, and nearly that time since any of the Avena has been taken, and the old lady is cheerful and happy. She is gaining flesh rapidly, and says if she could see she would be as good as new. The sight of one eye was lost several years ago, and the other impaired, still she can see to walk about the house.

Several physicians had tried to cure her of the habit, but failed, and said she was so old, that she was incurable and would always have to use the drug. The result with the Tinct. Avena Sativa Con. shows the agent to be all its proprietors claim for it. I have used it as a nerve tonic in cases of nervous prostration with excellent results, and prize it very highly. C.

Hepatica.

Messrs. J. U. & C. G. Lloyd, of Cincinnati, have been investigating the subject of Liver-leaf, and have found much that is new and interesting in connection with the commercial and botanical history of this drug. Of late years this drug has been extensively consumed in the preparation of certain proprietary medicines. From statistics collected by Messrs. Lloyd, it appears that last year over 340,000 pounds were consumed, of which amount over 300,000 pounds were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we have two species that produce the drug. In most medical works, and in old botanical works, the plants were classified as Hepatica; but later botanical authorities include them in the genus Anemone, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from Anemone, would seem to indicate the doubtful propriety of placing them with that genus, and the name Hepatica, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are now named Anemone Acutiloba and Anemone Hepatica, and very closely resemble each other except in the shape of the leaves: the former has sharp lobes to the leaves; the latter, blunt lobes.

Our Pharmacopœia has recognized but one species—the round-lobed form. It is proven, however, by Messrs. Lloyd, that nine-tenths of the native drug of commerce is collected from the sharp-lobed species, which has never been officially recognized. The medical properties of *Hepatica* are unimportant. The plant does not contain an active principle, and is as devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is creditable that the Medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines of North America, of Cincinnati," which, in addition to full botanical and medical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

Nerve Food.

The great increase of nervous diseases of late years has led to the demand for Nerve Stimulants, Nervines, etc., for their treatment. A better way however is to furnish a better supply of food for the nerves, and thus avoid or prevent nervous exhaustion a consequent disease.

For this purpose, there is nothing better than Warren's Entire Wheat Flour. History has shown wheat to be the royal grain; but as prepared for the people at the present time, it is robbed of its most valuable properties. A grain of wheat contains the elements essential to the sustenance of the human body, in the best possible combination, giving ample nourishment to the whole system, thus sustaining the nervous system as well as other parts of the body.

Warren's Entire Wheat Flour, put up by the Franklin Mills Company, of Chicago, represents the entire wheat, and is superior to any or all other flours in the market. I have used it in my family for the past three years, having purchased no other kind during all that time, and can say from personal experience that it is the cheapest, most nutritious, by far the most palatable and in every regard the best flour in the world. It can be used for all purposes for which white or bolted flour are used. Its universal use by the people will prevent the nervous prostration from which so many are suffering at the present time. It should be used by all sick people, if they would recover health and strength, and by well people if they wish to keep well.

C.

"A Lugubrious Prospect."

Under the above head the editor of the *California Medical Journal*, sharply criticises an imaginary enemy of progress in medicine. He passes severe judgment upon the article, "Safe *versus* Powerful Medicines," which recently appeared in the JOURNAL; but the criticism hardly touches upon the special point the writer of the article endeavored to bring out, which was that in *one direction* the eclectic practice of today was, in his opinion, inferior to that followed by its originators, viz: the common use of powerful and destructive agents as remedies. The writer of the article is honest in his belief and can demonstrate by his practice its successful results. As for imagining that because of this stand taken, the man must be behind the times,—“a mossback,”—we must say is a stretch; for, as it happens, we can assure the critic that the gentleman is far from being “in his dotage” but is a wide awake physician of middle age and who has a practice that the average modern eclectic would envy. The JOURNAL is open to such men to express their honest opinions. It is eclectic.

Cholera.

The cholera epidemic seems to have passed its worst stages, and it is now pretty certain that the summer will pass without the spread of the disease from Southern France. It may, very probably will be heard from in other quarters, and it is not impossible that an isolated case or two may make their appearance in this country, due to the importations of infected clothing or other ways, as even with the strictest quarantine regulations it is almost impossible to ward off every approach of the disease. There is cause for congratulations that this year is not likely to rival or even equal the great cholera years of the past.

We very recently had the pleasure of meeting our old friend, Dr. G. H. Merkel, of Boston, he having been called to this city to consult with us professionally. The doctor is a profound thinker and student whom it is a privilege to meet. His practice is extensive and rapidly increasing. The diseases of the skin have been his special study for years, and we understand he contemplates soon to devote his whole attention to that particular branch.

The results of M. Pasteur's discovery, have been confirmed by the commission appointed by the French government. The discovery was that hydrophobic can be prevented by inoculation with the virus of a rabid dog, the same as small-pox can be guarded against. Here is another field for the anti-vaccinationists to worry over.

Book Notice.

AUSCULTATION, PERCUSSION AND URINALYSIS: An epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys. Edited by C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynecology, Michigan College of Medicine. Fully illustrated; Cloth, 16mo, 166 pages, post paid, \$1.00. Detroit, Mich., 1884; The Illustrated Medical Journal Co., Publishers.

CONTENTS:—Chapter I.—Topography of the Chest, Anterior and Posterior. Chapter II.—The Physical Diagnosis of Diseases of the Respiratory Organs. Chapter III.—Diagnosis of Percussion. Percussion in Health and Disease. Chapter IV.—Auscultation of the Chest, in Health and Disease; also of Voice, Cough and different Rales. Chapter V.—On the Sputa, Microscopical, with a brief Histology of Lung Structure. Chapter VI.—Diseases of the Lungs; their Pathology and means of Physical Diagnosis. Chapter VII.—On the Pulse; its Rate, Rythm and Sphygmography. Chapter VIII.—The Heart; its Regional Anatomy, Area of Dullness on Percussion in Health and Disease; Chapter IX.—Auscultation of the heart; the different Cardiac Murmurs and their Indications of Disease. Chapter X.—Diseases of the Heart; their Pathology and Physical signs. Chapter XI.—The Liver; its Regional Anatomy, Histology, and Physical Signs of the different Diseases. Chapter XII.—The Spleen; its Regional Anatomy, Histology, and Physical Signs of Disease. Chapter XIII.—The Kidney; its Regional Anatomy, Histology, Pathology, and Symptoms of Different Diseases. Chapter XIV.—Urinalysis, Chemical and Microscopical; prepared specially for this work by Wm. H. ROUSE, M. D., Ph. C. Chapter XV.—Bacteria Bacilli, Micrococci, Vibriones, and Spirillæ; their growth, Microscopy, and Agents destructive to them.

Miscellaneous.

Prof. Bartholow recommends salicylic acid either by injection or internally, in large doses, for cystitis. Administered by the mouth it acts after being excreted by the urine.

Lactopeptine.

We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Containing the firm active agents which are concerned in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the Summer Diarrhoea of children. Owing to its great impairment of the vital forces, and feeble powers of the digestion tract, food frequently irritates and increases the difficulty. For such cases we learn of no agent in the *Materia Medica* as reliable as *Lactopeptine*.—*Cal. Med. Journal*.

Many have become victims to the use of Opium and morphine from the administration of these drugs for neuralgia.

It is gratifying to observe that such dangerous consequences may be averted by the use of Tongaline or *Liquor Tongæ Salicylatus*, which is almost a specific in acute forms of that complaint.—Ed. from June No. of *Medical Relief*.

Doctor (who had just seen the patient): "He's no worse, but (gravely) the question will no doubt soon arise as to the advisability of tapping him." Mother-in-law: "Oh, Doctor, don't say that. Nothing was ever tapped in this house that lasted over a week."

Prof. Gross believes that in the future wonderful operations may be made upon the brain, as extracting foreign substances such as bullets. It has already been cut and handled to a considerable extent with success.

Though the climate of France is better than that of England, the English people live longer than the French; owing perhaps to their better diet and less nervous temperament.

The Medical Brief states that Dr. Rasori has found the use of a vibrating tuning-fork applied over the painful nerve in neuralgia, to afford great relief.

Our readers both old and new, are asked to take notice of the "extraordinary announcement" which appears in this number of the JOURNAL.

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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VOL. III.

SEPTEMBER, 1884.

No. 9.

Original Communications.

[For Eastern Medical Journal.]

Pelvic Cellulitis with Inflammation and Ulceration of the Bladder.

BY W. E. COLE, M. D.

The patient, a lady of thirty-eight years of age, six months advanced in pregnancy, was taken very acutely ill in the evening of Aug. 2, 1882, with intense pain through both kidneys accompanied with great tenseness and constant desire to urinate, but unable to pass but a few drops at a time. Eight hours elapsed before the secretion of the kidneys was established, and the pain relieved. Through the following day she was comparatively comfortable, but in the evening was again attacked with the same spasm of the urethra and pain in the kidneys with complete suppression of secretion for several hours, but relieved in less time than on the first night. The next day, comfortable, but still some pain in the region of the bladder at intervals. At night a return of the same pain, and this continued with decreasing severity of pain at night but increasing pain during the day for ten days. By this time there was constant pain through the bladder and right groin, passing through to the back, and inability to retain the urine more than from fifteen to twenty minutes, and in passing it the pain was so great as to make her bite her lips to keep from screaming. The pain in the right groin and back continued to increase in severity, and often

would radiate down the leg, and across through the bladder, until September, when after a night of uncommonly severe pain which seemed to be confined more to the back, there was in the morning, on going to stool, a discharge of pus from the bowels. This discharge continued with varying quantity, until her confinement Oct. 30th. During all this time she was a great sufferer from this pain in the groin, back, down the right leg, and through the bladder, with spasms of the urethra and constant desire to micturate. There was also a formation of gas in the bladder which escaped after urinating, causing much pain. The first part of the night seemed the worst when it seemed as though she would go wild with the pain. In the morning, frequently, she would be easier for a few hours, and perhaps could eat some breakfast. Some days she would be comparatively free from pain, so that she could take nourishment and read or see callers, but the tenesmus and spasm of the urethra was liable to occur at any moment and last for hours.

Many remedies were tried for the relief of the pain and spasm, but nothing seemed to have more than a temporary effect, to relieve one day and have no effect the next. Electricity only aggravated the pain. Opiates produced such a deathly feeling that she would bid the family and friends good bye, thinking she was going to die. Chloral and bromides produced the same effect, so she refused to take any thing of the kind preferring to suffer the pain. This she did until the middle of October when Dr. B. was called in consultation. Up to this time she had used no meat of any kind for several months, her food having consisted of preparation of Franklin Mills entire wheat flour, graham, oat meal, with vegetables, fruits, etc. In anticipation of the coming demand upon her strength, Dr. B. suggested beef steak, beef tea, etc., and advised chloroform by inhalation for relief of pain. The beef steak was tried one meal, but not being relished was not repeated. Beef tea was taken twice, but diarrhoea followed immediately with complete loss of appetite it was not continued. The result of the trial of meat diet was great loss of strength instead of increase as was intended.

The use of chloroform for the pain was a decided relief and was resorted to several times a day and during the greater part of the night. Except when under the effects of Chloroform she continued to suffer until labor occurred, Oct. 30th. The tissues of the pelvis being so tender from inflammation, ulceration and suppuration, labor did not progress as usual with her, this being her fourth confinement, so that after several hours of intense suffering, chloroform was administered by myself, and instru-

ments were used by Dr. B., and she was delivered of a healthy male child weighing 7 1-2 pounds. She rallied from the labor nicely, much to the surprise of all, but two days later she was taken with profuse diarrhoea and flooding, which rapidly reduced what strength was left after four months suffering. Her skin turned yellow and became pinched and shrivelled. At the end of a week from her confinement she could not raise her head from the pillow, and it was thought she could not live from day to day. During the week after confinement there was great abatement of the pain from which she had suffered so long, but gas still continued to form in the bladder and caused pain when escaping, or when its confinement distended the walls of the organ. At this time there was a great increase of the amount of mucus, pus, and shreds of membrane in the urine, voided with a strong foecal odor, and, at times, what seemed to be foecal matter in it. From the end of the first week after confinement she commenced to gain, her appetite improved, and strength increased quite rapidly, notwithstanding the spasms of the urethra would occur so severe as to demand the use of chloroform each day and night. The use of this was continued for three weeks subsequent to confinement, when it caused such irritation of the brain as to produce exaltation of the mind that I feared she would be insane if its use was continued. The patient was loth to give it up, begging for it even though it sent her to the insane asylum in consequence.

Electricity was used to avoid her having spasms after the chloroform had been withheld for twenty-four hours. After suspending its use she continued to improve rapidly, and was soon about the house and able to tride out. The discharge of pus from the bowels ceased soon after the confinement as well as the pain in the back and groin, but the bladder difficulty continued. All the usual remedies for the bladder or kidney diseases were tried. Allopathic, Homeopathic and Eclectic physicians were consulted and their suggestions and remedies given a fair trial, but still with but little relief from the spasm of the urethra or the formation of gas in the bladder. Notwithstanding the local disease her general health improved rapidly for a while and then began to decline with aggravation of the inflammation of the bladder. Thus matters continued to grow worse and worse until chloroform was again resorted to for relief in May. 1883. In June the suffering was so great that she was confined to her room and finally to her bed. At this time doctors were called in consultation and examination made for stone in the bladder, it being the conclusion of several that that

was the cause of the continuence of her suffering. No stone could be found, but the walls of the organ were found to be contracted and thickened, and, at that time, the organ would not hold over half an ounce of water without occasioning severe pain. At this time large amounts of gas were forming and it distended the contracted walls of the bladder causing intense pain. From this time an injection of infusions of hydrastis can. with lobelia inf. with the addition of milk to obviate pain and smarting, were used several times daily. At first the bladder would not hold but little more than a teaspoonful, but after a while it would tolerate more until gradually inflammation abated and the lady began to gain in strength and in a few weeks was out again, but continued to have paroxysms of pain occasionally for months. Various things were tried for injection, but the one named above seemed to give the most relief, until carbolic acid was tried, which gave great relief, and under its use improvement was rapid. Many internal remedies were tried, but none seemed to give any permanent good excepting senecio aurens. Ten drops of the tincture in water would relieve pain and increase secretion of the kidneys promptly. For the past six months her health has been quite good and she has had but little of the old trouble, many nights being able to sleep six or more hours without waking. Still over work or excitement will cause some pain, and not unfrequently there is a formation of gas though it does not often cause much suffering. For six or eight months past she has worn a cold water compress on the head over night with great advantage, it seeming to allay nervous irritation and inducing sleep.

WORCESTER MASS.

[For Eastern Medical Journal.]

Solanum Nigrum.

BY I. J. M. GOSS, M. D.

SOLANUM NIGRUM.—Black Nightshade. Habitat, America. It grows in shady situations. by the side of walls, fences and in gardens. It belongs to the natural order *Solances*. It has a low, much branched stem, spreading, rough on the angles. The leaves are ovate, many toothed, generally perforated by insects. The flowers are small, white, in small, umbal-like clusters, drooping, five parted. The berries are small, globular, very black *when ripe*, and they begin to ripen about the middle of September, and the plant continues flowering and bearing fruit un-

til frost, so that we see ripe berries, green berries, and blooms on the plant all at the same time. It has a very rank narcotic odor. It is called by some writers, the American Belladonna, but is quite different from belladonna in its botanical peculiarities, but somewhat resembles it in its therapeutical and pathological action. It is not so highly toxic in over doses as belladonna is. Toxic or pathological effects.—In over doses, it produces vertigo, headache, nausea, colic and tenesmus. It often produces dimness of sight, with a sensation as if the body was being turned round constantly. Upon the mind.—It produces confusion of the mind at first, then complete cessation of the mental faculties. Sometimes it produces imbecility, followed by delirious raving, and finally uncontrollable rage. Sometimes it only produces sadness, anguish, absence of mind, or restlessness, and a desire to roam about. Eyes.—*Solanum Nigrum* dilates the pupils, and sometimes produces alternate contraction and dilation of the pupils, with black rings before the eyes. Sometimes it produces the appearance of stripes floating before the eyes, or black spots before the eyes; then mistiness and dimness before the eyes. Sometimes there is photophobia, with black rings before the eyes, with dilated pupils. Nose.—This remedy produces catarrhal symptoms, as copious, watery discharge from the nostrils, with sneezing through the day. Skin.—It produces red, bloated face, with a sense of feverishness flashes of the face. Ears.—It produces buzzing in the ears, or stitches in the ears, with a sense of all sounds coming from a distance. Mouth.—It produces great dryness of the mouth, with loss of taste. It also causes soreness of the tonsils, with dryness of the tongue and throat, rendering deglutition very difficult and very painful generally. Abdomen and bowels.—It is frequently followed by diarrhoea, or constipation, with burning pain in the stomach and bowels, with tenesmus. Urinary Organs.—It acts as a powerful diuretic (Secondarily) and produces ardor urinæ. Lungs.—It produces dyspnoea, in large doses. Action on the Skin.—It is apt to produce an obstinate herpetic eruption upon the skin when given long in large doses, with scarlet-like spots also upon the skin. In extreme cases it has produced desquamation of the skin, in other instances, it has produced ulceration, and erysipelas of the skin. Upon the brain it may act profoundly, producing coma, alternating with convulsions. It disturbs sleep producing dreams, etc., from which the patient awakes with fever. Therapeutical Action.—There is a remarkable resemblance between *Solanum Nigrum*, and *Belladonna*. In cerebral meningitis, and cerebro-spinal meningitis, *Solan-*

[For Eastern Medical Journal.]

Treatment Wanted.

EDITOR EASTERN MEDICAL JOURNAL:—I notice that you allow the readers of your magazine the privilege of making enquires through its columns, so I will accept, and ask if any one can give me a successful remedy or mode of treatment for scrofulous orchitis. I have an obstinate case under my care which has been the rounds of the doctors and, so far, nothing proves of any avail. The diseased testicle (right one in this case,) is about five and one-half inches in length, by two and one-half inches in diameter. All astringent washes have failed to have any curative effect. The adhesive strapping will not work well, as it irritates the scrotum and seems to increase the difficulty. The method which has seemed to do the best is a rubber bandage applied as tightly as can be borne; yet this is not satisfactory, as the enlarged gland will slip above the bandage after a short time, and so loosen the grip on it. "Blood remedies" have been administered faithfully. What shall be done with this case? I begin to think amputation of the organ the only thing that can remove the abnormal condition. Will some one advise me?

C. K. H.

[For Eastern Medical Journal.]

Crumbs of Comfort.

EDITOR EASTERN MEDICAL JOURNAL.—I really wish you success, and trust you will make the Journal doubly a happy greeting to its many subscribers during the years to come. I like the Journal. Some of the articles are worth the price of subscription. It is neatly gotten up, and I don't see how you can afford to set the price so low, for it is worth twice what you ask for it to any one who is willing to read and learn. Inclosed find my subscription for another year.

Respectfully,

HARMONY, ME.

W. McLAUGHLIN, M. D.

[For Eastern Medical Journal.]

Two Questions.

Editor EASTERN MEDICAL JOURNAL.—Will you, or some of the readers of your JOURNAL, give the treatment for "after pains" following the delivery of child and placenta: also the best remedy for catarrh of the head, or nasal passages, and oblige.

WM. McL.

[For Eastern Medical Journal.]

A Startling Phenomenon.

EDITOR EASTERN MEDICAL JOURNAL.—I was very recently summoned to make a visit under curious circumstances. The messenger, a young lady, rang the office bell violently, and when I appeared she, in a very excited manner, said: "Doctor I want you to call at once at No. — — — St. The woman is dead and all that, but some of the folks who have come to attend the funeral, which occurs in half an hour, say she is not dead! You will get your pay any way, but I want you to see if she is dead." I went and found the house full of people to pay the last tribute to their relative, friend or neighbor, who was laid out in the coffin. I examined the remains, and pronounced the woman dead, (decomposition having already begun,) but sure enough the face, much of it, and neck was bright red and the perspiration was standing out in great beads over the whole face. It was learned that the woman had died suddenly from cholera morbus, and the blood had settled under the skin in a most curious way. I was not surprised that the people present were in doubt as to the "corpse" being dead, for in fact, the appearance of the face was somewhat startling, and would naturally occasion the opinions expressed. There was a marked look of relief when I informed them that there was no reason why the funeral should not "go on".

ECLECTIC.

[For Eastern Medical Journal.]

A Few Cases Treated With Caulocorea.

EDITOR EASTERN MEDICAL JOURNAL.—I have been using caulocorea for the past two years and more. My first case was a woman who was threatened with miscarriage,—second child—pain in the back of a bearing down nature; general malisse. Caulocorea, given in tea-spoonful doses, quieted them and she went her full time and was delivered of a fine healthy child. Second case was a woman who miscarried five months previously, she had constant locheal discharges. She was not a patient of mine at first. Eight ounces of caulocorea administered in tea-spoonful doses made a permanent cure. Third case; an abortion at five months with considerable flooding; caulocroea did the work. Another; a woman delivered of her eleventh child; placenta retained; a tea-spoonful of caulorcorea every hour brought on her pains and expelled the after-birth in two hours. A few days ago I had a case of miscarriage, foetus delivered; se-

cundines all retained; in thirty-six hours by the use of caulcorea the after-birth came away and the woman had a splendid getting up.

I have used it in two cases of painful menstruation and in both had the happy effect of alleviating all suffering.

I consider caulocorea the remedy *par excellence* for womb troubles. In cases where I formerly used ergot I now use this preparation, and with far better results.

C. W. BATES, M. D.

HAMPSTED, L. I.

[For Eastern Medical Journal.]

Treatment for Whooping Cough.

EDITOR EASTERN MEDICAL JOURNAL:—"J. A. G." in August number of your Journal, asks for treatment for Whooping cough. The following I have found successful in modifying the paroxysms:

- | | | | |
|---|-----------------------------|----------------|------|
| ℞ | Tinct. Gelsemium, | Gtts. v. | |
| | Macrotys, | Gtts. v. | |
| | Water, | ℥iii. | mix. |
| ℞ | Tinct. Lobelia, | Gtts. x to xv. | |
| | Water, | ℥iii. | mix. |

Give these in doses of one teaspoonful in alternation at intervals of from one to two hours.

C. E. W.

Selections.

A word to Physicians.

There is reason to believe that a large percentage of the drunkenness among men and women, is caused by physicians' prescriptions. That many obstinate cases have been brought about in this way can be proved beyond a doubt. There is, however, a marked improvement of late, even among physicians, who are giving the subject much thought, the result of which is favorable to the disuse of liquors in their practice.

The eminent physician, Dr. Muzzy, says: "That alcohol is a poison to our organization, is evident from observation. It is that substance, in whatever form it may be, which, when applied to a living surface, disconcerts life's healthy movements. Such a poison is alcohol; such in all its forms, mix it as you may. It is never digested and converted into nourishment." Says

another: "I have come to the conclusion that alcohol, as a medicine, may be wholly dispensed with, the more speedy and thorough restoration of health, and the prolongation of life be insured. Baron Leibig also says, "Beer, wine, spirits, etc., furnish no element capable of entering into the composition of blood, muscular fiber, or any part which is the seat of the vital principle." These and many others furnish testimony which is indisputable, and it is to be hoped that soon all physicians will protest in like manner against the use of liquors in their practice.

Ex.

Editorial.

Buried Alive.

There has been not a little discussion of late, among medical men, concerning the possibility of mistaking suspended animation for death, and the burial of bodies before life is extinct. The letter from "Eclectic," which appears in this issue of the JOURNAL, describing "a startling phenomenon," reminds us of the article in the *Lancet*, by H. S., under the caption, "buried alive." We are not inclined to believe that there are as many such horrible accidents as he would have us think. He says:—

"That this is an accident that does happen, and frequently has happened, has for some years been my firm conviction; and during epidemics, particularly in the East, its possible contingency has frequently caused me much anxiety; and when the burial has, for sanitary reasons, had to be very hurried, I have always made it a rule to withhold any certificate unless I had personally inspected the body and assured myself of the fact of death.

"The reason and necessity for extreme caution in such matters were impressed vividly upon me some years ago when visiting the crypt of the cathedral at Bordeaux, where two bodies were shown to whom, I think it obvious, this most terrible of all occurrences must have happened; and I am unable to attribute the position in which they were found in their coffin, and the look of horror which their faces still displayed, to any action of rigor mortis or any other post-mortem change, but simply and solely to their having awakened to a full appreciation of their most awful position. In the case of one of these bodies, which was found lying on its side, the legs were drawn up nearly to a level with the abdomen, and the arms were in such a posi-

tion as to convey the impression that both they and the legs had been used in a desperate but futile attempt to push out the side of the coffin; whilst the look of horror remaining on the face was simply indescribable. In the other case, the body was found lying on its face, the arms extended above the head, as if attempting to push out the top of the coffin. In the year 1870, these two bodies were still on view; and the attendants used to dwell at some length upon the horrors of being interred alive. It appears that some years prior to 1870, in making some excavations in a church-yard in the immediate vicinity of the cathedral, the workmen came upon a belt of ground that apparently was impregnated with some antiseptic material, as all the bodies within this belt, to the number of about 200, were found to be almost as perfect as when they were buried; of these a selection appears to have been made; and at the time I mention about thirty or forty were exhibited, propped up on iron frames, in the crypt of the cathedral. The impression left on my mind at that time was, that if out of 200 bodies so discovered there could be two in which, to say the least, there was a strong probability, of live interment, this awful possibility was a thing that should receive more attention than is generally devoted to it."

Electricity as a Therapeutic Agent.

Electricity as an agent in the treatment of disease is greatly undervalued by the majority of the profession. A few prize it very highly. Others think it may be of some value in a few particular cases, while more condemn. The opinion of the latter class, I am confident is formed without careful investigation of its merits.

It is an agent that should be administered with care and judgment. Its domestic use has done much to cause the prejudice that exists towards it in the minds of many. Notwithstanding all the feeling against it, it is of great value in all cases of chronic diseases as well as many acute conditions, acting as it does as a stimulant, tonic or sedative, according as applied. In cases of nervous prostration it will accomplish more than any or all drugs.

In nervous dyspepsia it is *par excellence*. In chronic inflammation and enlargement of liver, spleen or other visera it removes the inflammation and reduces the enlargement when other agents will not.

In paralysis and rheumatism it has no equal. In all neural-

gic affections it will give almost immediate relief, often one treatment making a complete cure. In many cases of chronic diseases many applications and much time is required to accomplish a cure but, if life is of value, it pays to use it when life can be saved by it.

Few physicians have proper or sufficient apparatus. Most are satisfied with a simple Farradic machine. and then failing to get the results they expect, condemn the agent and say electricity is a humbug. This is a mistake. Every Physician should have a Galvanic as well as Farradic battery as many cases require the continuous current while others are benefited with the interrupted. Careful investigation of the subject with investment of money enough to secure a complete apparatus will pay a large per cent.

Try it! and if success follows, let us know through the JOURNAL. If failure results, surely let us hear and perhaps help may be rendered. C.

Give it the right Name.

Recently we have noticed several Eclectic Journals have come out in favor of "laws to regulate the practise of medicine." Prof. John King has been severely handled for his able address against Medical Legislation. Now what we have to say is, briefly: if the eclectics have now got to such a pass as to need protection by law, let them be honest enough to acknowledge it. Do not talk about "protection for the people"—the people want no law to keep them from employing whom they choose—that is all *bosh*; then again the allopaths have tooted that horn for years. They even want to "protect the people" against the eclectics! Let all who favor medical laws give the true reason, viz: "All our boasted learning has failed to hold the people; they try us; we fail to cure them and they wander off to the despicable quack and by some means, out of all reason, get well. In fact we are 'getting badly left.' *We* want protection." Give it the right name gentlemen.

The Eclectic Medical Advocate, edited by Joseph A House, has absorbed the *Medical Tribune* (Dr. Gunns'). The *Advocate* has a grand field for usefulness and, unless we are greatly mistaken, will profit by it. Dr. House is the right man for the position, and presents a journal worth \$1.50 of anyones money.

They want More Evidence.

The California Medical Journal says: "We know nothing derogatory to the credit of the Eclectic Medical College of Maine." This after it has been fully shone up by a state society and several medical journals. To further try to convince the worthy editor of the crookedness of the institution named, we will here state that, at its last session diplomas were illegally granted to at least two, (and we believe three) individuals; because of nonattendance, gross incompetency, and immoral character. Prof. Buzzell's idea of what constitutes "a full attendance" is decidedly different from some, viz: when the writer was connected with the concern, the "dean," at a meeting of the faculty, informed us that he thought a certificate of attendance ought to be granted *when the student pays his tuition*, then he could attend or not as he chose! But we must take into consideration that the Professor "exercises freedom and liberality" and is "independent of all sects, parties or medical creeds."

He further states that the Lewiston College will run; yes, and his prospectus for the coming year tells *how* it will run, as the "faculty" consists chiefly of graduates of the college at its last session, and men known in their vicinity as not worthy of a position in any reputable medical college. Yes, it may "run" — down.

Great Minds are Differing.

The advise given by Dr. Koch to discontinue the usual practise of sprinkling the streets during the prevalence of the cholera epidemic, is dissented entirely by M. Pasteur. He admits that the dust may be full of microbes at such a time, and that water is their native element. But, argues M. Pasteur, if they are so dry as to have lost their vitality, water will not recuscitate them. If, on the contrary, they possess sufficient humidity to come to life again and of doing mischief, the watering process, if the supply of the fluid is adiquate, will have the effect of sweeping them into the sewers where they will be powerless to do evil. If, however, they are left in the streets to be blown about by every wind, they are as likely to be blown in contact with the mucous membrane of passing pedestrians as with any thing else, and that offers an ideal field for recovery and development of those of them whose vitality is not absolutely extinct. M. Pasteur's reasoning has met the favor of the French faculty, and it seems unanswerable.

A Valuable Book.

The *Eclectic Medical Advocate* thus speaks of the new work of Leonard's: "Auscultation, Percussion and Uinalysis.—An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys. Cloth, Price \$1.00."

"This is a duodecimo of 166 pages. It contains, in a small compass, a vast deal of information on the subjects discussed. The chapter devoted to Urnalysis is particularly valuable by reason of its completeness. A good feature of the book is, that the main points on physical diagnosis are briefly and plainly expressed; this makes it of special value as a 'remembrancer' to the busy practitioner."

Our readers are reminded that we give this handy volume and the JOURNAL for one year, for one dollar. (the publishers' price of the book.) Send in your money and get the book and JOURNAL too.

He would be a Doctor.

The following letter has reached us and speaks for itself. The writer evidently takes us for a 'professor'. Now we wish to be perfectly fair and impartial in this matter, so we will here give notice that the college which first communicates with us shall have this candidate and the money.

"A. J. Marston M D i have bin A reading your Medical Journal devoted to Electic practis it strikes my mind that i would like to bee A Physician. Now i wont to enquire of you what you will fit me for that purpose for and give me A diploma and have your money rite on A start also tell me what i can get board for per week i am an invilaid caused by the lait war so i cant work on my farm now i want you to give me your very loest figures i have a little incite on medicines now my age is 44 years old. Please find inclosed A stamp for answer direct J.—— D. M.——.

what will you furnish me A book of anotomy for by mail "

The purchase of Medical preparations in "Original Packages" as they come from the manufacturer is a most practical suggestion. Adopting as staple sizes both pound and four ounce bottles "The Wm. S. Merrill Chemical Co.," of Cincinnati, meet the requirements of the drug trade as well as physicians. It is now within the power of the latter to effectually check the

growing evil of substitution, not only when buying office supplies but also in prescription work.

Speaking of his custom of specifying by name certain manufacturer whose preparations he wishes used, Thad Reamy, M. D., the experienced Gynecologist of Cincinnati, says:—

“In my estimation a physician violates no code, either of Ethics or Morals in demanding of his druggist that which he knows to be reliable, instead of leaving it to the latter's judgment whose preparation he shall or shall not use.”

Tincture Lobelia in Erysipelas.

The saturated tincture of Lobelia, is a positive local remedy in erysipelas. In slight cases simply bathing the part once in three or four hours. In deep plegmonous inflammation cover the part with compresses wet with saturated solution and change often enough to keep moist.

AN excellent strengthening plaster—

R	White Rosin,	lb. iss.
	Bees Wax,	℥ii.
	Bergundy Pitch,	℥ii.
	Mutton Tallow,	℥ii.
Melt together and add,		
	Sweet Oil,	℥ss.
	Gum Champhor,	℥ii.
	West India Rum,	℥ii.
	Oil Sassafras,	℥ii.

Mix.

This may be spread on leather or cloth as needed.

An excellent Salve for Burns, etc.,

R	Canada Balsam,	
	Bees Wax,	
	Lard.	a a ℥ ii

Melt these together and strain if necessary. In cold weather the proportion of oil may be increased if necessary to render it soft and easy to spread. This spread on cloth, and applied to burns or other sores is very valuable. Try it. C.

Miscellaneous.

A Valuable Preparation.

The great objection to the use of cod liver oil in wasting diseases is the inability to digest it, the stomach in most of the cases where it is indicated being too weak. We have a preparation, however, that serves as well in such cases and at the same time can be tolerated by the most delicate stomachs. We refer to the well known preparation: "Hydroleine," manufactured by Wm. F. Kidder & Co., New York. A trial of this article will prove its good qualities.

The JOURNAL has been increased in size four pages, and has been otherwise improved. We give our readers more practical reading for the money than any Medical Journal in the country. Fifty cents pays for it for one year. **SUBSCRIBE NOW.**

Messrs Parke, Davis & Co., Detroit Mich., are presenting a perfect urinary test case to the profession that can but be appreciated. This handsome case contains everything of practical value for both qualitative and quantitative urinary analysis at the bedside of the patient. These agents are based upon suggestions overed in a paper communicated to and appearing in the *London Lancet* of Feb. 3d 1883, by Dr. G. Oliver, of Harrowgate; also upon a paper by Chas. W. Purdy, M. D., of Chicago, in the *Journal of the American Medical Ass'n*, Jan. 19th 1884. We believe this little case will meet a want and that this enterprising firm is deserving of great credit in presenting it.

Sales of single packages of patent medicines in Great Britain have increased in twenty years from 6.661.567 to 18.457.990. Yet statistics say the people are not healthier.

Dr. Coates reports a case in the *London Lancet* of transfusion of pure water, warmed to the proper degree. The patient was a primipara, twenty-seven years age. The cause of collapse was an alarming hemorrhage on the ninth day after child-birth. Some twenty-two ounces of water were allowed to enter the median cephalic vein through a Jennings siphon. The result was striking, and convalescence speedy.

In those forms of neuralgia and rheumatism of a malarial origin, and most seem to be such, have been highly gratified by the action of Tongaline in conjunction with quinine. the therapeutic properties of both seeming to be accentuated under these circumstances.

With each dose of Tongaline I prescribe two to five grains of quinine according to the severity of the case and the susceptibility of the patient to the effect of the latter. Thus far have not experienced a single failure.—*Med. Brief, July 1884.*

The readers of the JOURNAL are especially invited to read the "Extraordinary Announcement" which appears in this number. Do not wait, but send us the "requirements" at once.

The preparations of Mess. Thorp & Lloyd Bros., Cincinnati, O., have attained well deserved popularity. The remarkable success of their "specific medicines" is now demonstrated. This position has been reached simply on their merits. The practitioner who has not tried these medicines as prepared by this enterprising firm, is advised to do so, with our assurance that they will not be disappointed.

A NEW YORK judge was annoyed by the coughing of a person in the court, and after remonstrating several times in vain, exclaimed, "I am bound to stop that coughing. I'll fine you \$10. I think that will stop it." "Jedge," said the cadaverous man who had caused the trouble, "I'd be willin' to pay \$20 to hev that cough stopped. Ef you ken stop it fur \$10, you'd better git down off'en that bench and go to practicin' medicine. There's money in it, jedge—money in it."

Dr. Wadsworth's Uterine Elevator is an instrument admirably adapted for overcoming all forms of uterine displacement, and the makers justly point to the fact that it has come into more general use than all other instruments of this kind combined, as an evidence of its superiority. We have repeatedly used it, and believe that any physician employing it will feel repaid by the ease and benefit derived by his patient.—*Mass. Ec. Med. Journal.*

Dr. James Holloway, Prof. General and Clinical Surgery, Hospital College of Medicine, Louisville, Ky., says: "I have administered this hypnotic almost daily for many months. When diluted with ice-water it is not objectionable to those who are suffering from indigestions that accompany the advanced stages of phthisis and other exhaustible diseases. I am convinced by careful tests, that it is one of the best soporifics. It is not followed by the depression that oftentimes renders the preparations of opium and other narcotics so objectionable. Bromidia seems to be uniform in strength and effect."

ESSENCE of Wintergreen mixes well with, and disguises the taste of copaiba.

THE *British Medical Journal* recommends Chloral Hydrate in five to ten grain doses as a specific in aluminuria with œdema of the lower extremities, dilated heart, etc.

ACID MANNATE.—Acid Mannate, as an aperient for women during pregnancy, is much safer than castor oil, and is very palatable.

Kennedy's EXT. PINUS CANADENSIS, Dark, *has proved* a good remedy in treatment of sore throat and other diseases of the mucous surfaces.

BROMIDE of potash should never be mixed with an acid preparation.

FLUID Extract of Eucalyptus Globules is highly recommended in whooping cough.

The Geddes Manufacturing Co.,

GENTLEMEN:—I have used your Extract of Hemlock Bark in Diptheretic sore throat, in excoriation of os uteri and where a stimulating astringent was indicated, with good results. I am well pleased with it.

Orange, Mass.,

April 10, 1884.

Respectfully,

C. D. HENDRICKSON, M. D.

For Dyspepsia with Constipation and Piles.

R

Tinct. Nux Vom..... 1 ounce,
Podophyllin, 1 grain.

Triturate thoroughly to dissolve.

M. Sig. Five drops to be taken in water before each meal.
Appetite will improve and stool become natural in a few days.

Pilocarpine for Deafness.

For all recent cases of deafness due to labyrinthine disturbances, whatever the primary cause may have been, Politzer tries the subcutaneous, injection of a two per cent. solution of the muriate of pilocarpine. He injects four drops at first and gradually increases the dose to ten drops daily. He gets fairly good results in about one-half of the cases. I have seen three cases of persons totally deaf, who, after being treated in this way, could understand loud speech spoken at the distance of a few inches from the ear; and Politzer has had one case of perfect recovery of the hearing after it had been absent for three years, and several other very satisfactory results following the use of this drug. He is about to publish the results of his experiments with the history of some of the cases. It is not known how pilocarpine acts in these cases, but the benefit derived from its use is certainly great in some of them.—*Boston Med. and Surg. Journal.*

Citric Acid in Frost-Bite.

Lapatin, a Russian surgeon, who has had considerable experience in the treatment of frost-bites among the troops in the late Turkish war, says that a mixture of equal parts of dilute citric acid and peppermint-water is an effectual cure.

Flatulence.

Dr. Bruen prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals.

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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Original Communications.

[For Eastern Medical Journal.]

Eclecticism; Where is it?

EDITOR EASTERN MEDICAL JOURNAL.—There may be, and it is more than probable that there are periods in the history of all reforms, especially in that of medicine, where it would be well to pause, and imitate the prudence of the mariner after a storm; take an observation, and if possible ascertain the latitude, where we are, and whither we are tending. It seems to me that we, as a body of medical reformers, have lost our reckoning, and are tossed about on the sea of experiment, like a ship at sea without a rudder or compass. I have noticed the decadence of true eclecticism for the last decade, and have watched its retrogradation with anxiety and alarm. It is evident from my standpoint of observation, and I have been an observer and practitioner more than fifty years, that there is now, with rare exceptions but little left of the eclecticism of even thirty years ago. There are a large number of practitioners in the reform school of medicine who have nothing to distinguish them from their old enemies of the old school, but the name. Such physicians ignore in their practice every principle that forms the basis of true eclecticism, or of the reform practice. This class of physicians seem to have abandoned the use in their practice a large portion of the inoculous agents which formed the staple, and the exclusive use of the true eclectic physician, and consequently

their practice is a conglomerate, or admixture of every agent, poisonous, harmless, vegetable, mineral, including patent nostrums which are now so prominent, in what is known as the old school. It is a humiliating fact, that the eclectic school of practitioners, have degenerated into absurdities in theory and an unphilosophical practice with the poisonous agents of the long since exploded sophisms of the sanguinary school of practice, that with them the eclectic principles are not only ignored, but the principles of the reform has well nigh lost its identity. Our physicians as a class, after obtaining recognition as reformers, seem to evince no concern, manifest no anxiety or interest in the cause they have espoused, seldom if ever attend the meetings of the societies of which they are members, unless indeed when they are in need of assistance, or protection from persecution; then they report themselves at the society meeting's. They are willing to enjoy the advantages, while they are not willing to bear any of the burdens, or share of them, which are requisite to sustain the necessary organizations.

In one of our small States there are one hundred registered eclectic physicians; seldom if ever, more than one fifth of whom are seen at the meetings of the State Society. So lax or heterodox have become this class of *reformed* physicians that the members of the old school exclaim: "what do they more than we?" and some of them have already proposed *fusion*, as there is nothing in the practise of one to distinguish it from the other.

These facts to which I have briefly referred, in view of all the circumstances are humiliting in the extreme, and I much regret the necessity for avowing so, but my respect for the course of medical reform, and my regard for the principles which form the basis of that refrom, induces me to call the attention of eclectics throughout the country to this important subject. I probably shall recur to this condition of things in our ranks again if necessary, but I hope that our friends will appreciate these hints and awake to the necessity of doing something to rescue our good ship of reform from the fate that awaits it without a change in its status.

The causes that have operated, and are still in progress, to produce this state of things referred to in this article, in the eclectic organization, may possibly be considered of sufficient importance as to require another article explainitory, and in detail of those causes which are so potent in their influence, to demoralize and retard the progress of one of the most important organizations that has ever blessed the world.

The writer has passed the seventy-fifth mile stone of life's journey, and has borne the burden and heat of the day, and his only excuse for the preparation of this paper is the respect due to his connection with the cause of medical reform, and regard for the principles that constitute the basis of that reform, and his anxiety to perpetuate those blessings to the people which are certain to insure, or result as long as the principles of true reform are propagated and its primeval purity is sustained. Let us again recur in conclusion, to the question that forms the caption of this hastily written epistle: Eclecticism; where is it?

L. M. BORDEN, M. D.

PATERSON, N. J., SEPT. 23, 1884.

[For Eastern Medical Journal.]

A Letter from Dr. Burrell.

EDITOR EASTERN MEDICAL JOURNAL.—Did you notice, in the *California Medical Journal*, an article by Dr. Buzzell, in which, after a tone of injured innocence regarding his treatment by the various "societies," he waxes valiant and defies the Maine Society? Verily, you must have! Did not his statement of *facts* (?) surprise you, after reading and certifying to the truth of the article entitled "Why I resigned," in the May number of your JOURNAL? For his benefit let us turn over a few additional truths which have come to light since. First, I make the assertion that both professors have been invited to return, (myself with an increase of salary,) and have declined; but without thanks. Second, that certain members of the Maine State Society have also been invited to help pump out the ship. I believe all have respectfully declined. It has always been hard to get able men to take hold in the College, and because, they said, an opinion prevailed in the country at large, that all was not as it should be there. Once I believed that a good institution was intended, since my experience the last term I think as near opposite as I can.

Dr. York stated at the "special" trustee meeting, that voted him a diploma, (towards which his own vote was thrown regular—wasn't it?) that he paid all the expenses of the meeting, also the personal expenses of the President and Dr. Buzzell to and from Portland to attend the meeting. That was regular too! When Dr. York answered the question asked him as to the location of the cæcum, at the examination, by saying "at the beginning of the rectum;" then, even then, slight doubts as to his anatom-

ical knowledge were shown by himself, and *he asked to be excused, saying he could not pass.* Dr. Buzzell leaned over and whispered to Dr. Root: "that's a perfect godsend!" Verily, it did seem so, but the President coming in, whispered to the student and after that he seemed to feel he could pass. One of the students told me that Dr. Buzzell said to him: "sit down and you can pass." This student told him that his time was quite insufficient, and he could not, but Dr. Buzzell said *he* would "make it all right." Another student told me that Dr. B. had written to him to come on from Boston as soon as possible, that he might be able to graduate; accordingly he came, but found he would not be allowed *except by the dean.* Was this right? Another student wrote, and asked if he might attend three weeks and graduate, on the strength of two Bowdoin certificates of attendance. We refused, and it was submitted to a prominent Lewiston lawyer, who, on examining the charter, said it could not legally be done. Nevertheless the dean tried his best to put the man through, the last week. Why did Dr. B. make the proposition to us to grant certificates of attendance to students when they first arrived, before any time had been given? He certainly did so, and as certainly tried to stretch the time of one student from thirteen weeks to twenty. Why did they refuse to publish in their list of officers the name of their Treasurer, Dr. York? Yet they still hold on to him. Possibly they cannot help it. If you get your finger into a vise, you can not always get them out when you please.

Now let us look at the letter, dated March 18, 1884, from Dr. Buzzell, and when we see that he advises us to "keep still" and the "York fever will soon be over," what does he mean? Why, this, he knew Dr. York could not pass, and he knew of the storm which would arise if he tried, knowing the sentiment of the two professors and all the students, on the matter; and still he must pass. Was he afraid of him, as some assent, or, (quoting the California article,) was he content "to make a low bow" to him, alone, of the "National," to which he asserts he belongs? I went to Portland for the "base and wicked purpose" of revoking the resolutions passed the year previous, in favor of the College; and I do not believe that the Maine, or any reputable society will favor an institution where such doings are permitted. Time will prove, however. Dr. York has his diploma and an old cause for trouble is in a measure removed; but even now, with him as a trustee, his will must be deferred to. In Lewiston it is called "York's College." We agree to that distinction after last term, The fact is, certain parties are afraid to do any-

thing else but defer to the present treasurer, and as his manner of procedure never has met with the approval of students or professors, we cannot see why the same old dissensions should not arise. The new college building, announced at the graduating exercises of the last term, was to be ready for next term, is not forthcoming. Can it be that the hoped for subscription has aborted?

To sum up the story: What has he over and above last term to offer? Has he as much? One of the professors on the new catalogue has written me that he would not be there this term. How many *are* going to be there? We pause for a reply. Should ever the College fall into good hands, as we hope it may, we will be pleased to say all we can, and do all we can for its interests; but now it cannot be. A Jonah is on board; possibly more than one. "Clear the ship fore and aft," and revise all that passed the last term in the graduation of Dr. York, is the only proper course.

Respectfully Yours,

B. H. BURRELL, M.
D.

BOSTON, MASS.

[For Eastern Medical Journal.]

A Word on Ozone Water.

EDITOR EASTERN MEDICAL JOURNAL.—Having used Ozone water (from the Chemical Ozone Manufacturing Co., Boston, Mass.) in my practice for nearly two years with marked success, I think the time has arrived, at which I may cordially recommend it to my brother practitioners.

As a preventitive and curative agent in zymotic and contagious diseases, I have used it with very marked success, and as a nerve and blood tonic it has no equal.

I might recite a number of cases in which its faithful use has far surpassed my expectations. The remedy has been subjected to no ordinary trial, for I will admit that I was decidedly skeptical in regard to it at first. I have found the Ozone water very valuable in building up weak and nervous constitutions. I call to mind one case, which I will put forth as a typical one, showing the value of this agent.

Mrs. F——, aged sixty six years, had for the last nine years been a victim to complete prolapsus recti and polypus of the bladder. She came under my charge in a very weakened and nervous condition. I operated on her with success, and although cured of her trouble, her general system failed utterly to regain its tone. The ordinary line of medication, although carried out to some extent, failed. I put her upon Ozone water (Concen-

trated,) and she began quickly to improve and in a few months time was better than she had been in ten years. The result was very gratifying and fully justifies me in regarding this remedy as a valuable adjunct to my list.

The Ozone powder is a disinfectant that cannot be too highly praised.

F. M. LINGUIST, M. D.

NEW HAVEN, SEPT. 13, 1884.

[For Eastern Medical Journal.]

Veratrum.

EDITOR EASTERN MEDICAL JOURNAL.—Veratrum Viridi is an old but very important remedy, and I now proceed to give a short account of its successful use in my hands, in pneumonia accompanied by meningitis. The first case was a little boy aged four years, who was taken with pneumonia and meningitis. For the pneumonia I gave twenty drops of veratrum to about two-thirds of a glass of cold water, and belladonna five drops to two-thirds of glass of water. One teaspoonful every half hour alternately, which had the happy effect of controlling both inflammations. Case No. 2, was a child two years old, who had convulsions, with hemiplegia of right side accompanied with pneumonia and meningitis. Veratrum and belladonna, used as above, controlled the two diseases, and time restored the child the use of its limbs. Case no. 3, was another child with pneumonia and meningitis, the child by moving the hand before the eyes, showed no symptoms of life whatever. Treated the same as above, with the addition, I had the white of an egg applied externally to the scalp, which caused a steam to ascend from the head, like the smoke from a chimney. In about two hours the child opened its eyes and began to take notice of its father who, noticing it, changed his position in the room and the child immediately followed him with his eyes. From that time the child improved and made a speedy convalescence.

Last April I was called to a lady over fifty years of age, who was laboring under a severe attack of billious colic. She said: "Doctor, give me something to relieve this pain for I can't stand it, it is so severe." Two drops of Veratrum, given every half hour, in three hours brought on emesis and entire relief; in three days she was up and attending to her domestic duties. On the 29th of May I had a gentleman, over sixty years old, attacked with billious colic, and same treatment with Veratrum relieved him in four hours, and the next day he was out of doors walking

about. He was a man who was subject to frequent attacks of colic and said he was never relieved so quickly before.

In convulsions I have used Veratrum for many years. In children I use it in doses so that I bring the patient under the influence as quickly as possible and the convulsions soon stop, and do not return again. Dr. H. E. Firth gives it in puerperal eclamisa, twenty drops every half hour, and under that treatment he has never lost a case. I have treated ten cases and all recovered.

I notice Dr. Howe's article on Veratrum in your JOURNAL; I can endorse all he said and more too. I could not practice medicine without it. Many cases, when I have a fever with full bounding pulse, I can control it in a short time before the disease has time to fully develop itself, and thereby cut short a severe attack of sickness.

C. W. BATES, M. D.

HEMPTEAD, L. I., N. Y.

Delphinium Compound.

EDITOR EASTERN MEDICAL JOURNAL.—I desire to thank C. E. W., for his treatment of whooping cough. It certainly seems to be a rational mode and one I shall follow in my next case. I wish to occupy a few more lines of your Journal in commending a preparation that is advertised therein. I refer to the "Delphinium Compound," prepared by the Worcester Pharmaceutical Co., Worcester Mass. I have used it considerably of late and with very gratifying results. In one case particularly, did I find it of great service. A middle aged lady come to me, asking if I knew of anything in the world that would help her trouble. She informed me that for four or five years she had been afflicted with inflammation of the bladder, so that she was obliged to pass water nearly every hour in the twenty-four, it mattering not where she was, if she was not prepared to micturate it would pass off involuntarily; thus making life almost unbearable. Of course she had taken everything that was suggested without relief. Knowing the action of the ingredients of the above mentioned remedy, I resolved to try it, and after a bottle had been used, to my surprise I found that it was doing her much good. She has now taken four or five bottles. The last time I saw her, (about a week ago,) she told me she could sleep all night without getting up more than once, and during the day, could wait two or three hours, if it was not convenient to urinate. I consider this a remarkable case, and

the remedy will hereafter be a favorite of mine. As a nerve tonic, for either sex, I have found this compound excellent. Let the brethren try it and report. I believe a sample bottle will be sent on addressing the proprietors. By the way, I find a teaspoonful rather a large dose to commence with, or for delicate constitutions.

J. A. GREENE, M. D.

Boston, Mass.

[For Eastern Medical Journal.]

Answer to "Two Questions."

In answer to Wm. McL's "Two Questions," in the September number of the JOURNAL, I will give the following which has proven well in my hands :

AFTER PAINS.

R.	Specific tincture Macrotys,		
	Specific tincture Viburnam,	aa	3 ss
	Water,		3 ss

M Sig. One teaspoonful every hour ; or,

R.	Pulv. Opium,		
	Pulv. Capcium,	aa	grs. i

M Ft. Chart no. iv

Sig. Dose powder every two hours, in a little sugar placed on the tongue, followed by a swallow of water.

FOR NASAL CATARRH.

R.	Chlorate Potass.	grs. x
	Specific Carbolic Acid,	gtts. x
	Distilled Water,	3 ii

M Sig. Inject into the nasal passage with a nasal syringe ; introducing the nozzle behind the soft palate. Use twice, one half at a time. The balance may be used by an atomizer, placed in front of the nose.

Repeat this operation every day or two, until the passages are clear, and the patient can breath freely through the nose. The solution should be made at about the temperature of the body. After the above results have been obtained, use the following mixture the same way :

R.	Liquid Hydrastis,	3 i
	Water, (warm)	3 ii

M If there is an offensive discharge, add to this mixture ten drops of Listerine.

Constitutional treatment should not be neglected, which should be adapted to the case, In every case of chronic catarrh the treatment should be of an alterative character. For the acute stage I have found nothing better than :

R.	Specific tincture Aconite,		gtts. v
	Chloroform,		
	Specific tincture Asclepias,	aa	gtts. x
	Spts. Nit. Ether,		gtts. xxx
	Water,		$\frac{3}{4}$ iv

M Sig. One teaspoonful every hour.

If the above does not succeed in a reasonable length of time, you may suspect a more grave case than was at first anticipated; as nasal polipus, destructive inflammation of the cartilage, or some of the spongy bones of the nose or both. If this treatment is adopted, will be glad to see results reported in the JOURNAL.

W. F. MOORMAN, M. D.

JAMESTOWN, O.

[For Eastern Medical Journal.]

Hay Fever.

EDITOR EASTERN MEDICAL JOURNAL.—At this season of the year (September,) we find many persons afflicted with what is commonly known as “hay fever;” a condition that often baffles the skill of the doctor. This year I have had splendid success in treating the disease, having had several cases and cured them all. For the benefit of the readers of your valuable Journal, I will give my treatment.

R	Tinct. Aconite,	gtts. x
	Tinct. Bryonia,	gtts. xx
	Aqua.	$\frac{3}{4}$ iv

M. Sig. Dose teaspoonful every two hours. Also :

R Subnitrate of Bismuth.

Sig. Use as a snuff every two hours.

I would here remind the reader that in order to insure good results from this treatment. the agents mentioned must be of the best quality. I always dispense the well known “Specific tinctures” made by Messrs. Thorp & Lloyd Bros., knowing them to be just what they are represented to be—reliable.

ENOS HUCKINS, M. D.

PLYMOUTH, N. H.

Selections.

Medical Ethics.

A Chicago medical society has amputated a member. It was a very good member that they cut off, and it was not diseased at all. In fact, the member that was cut off was the only sound healthy member that the Chicago medical society could boast of. But dropping all nonsense, a Chicago medical association expelled one of its members. They expelled him, not because he had prescribed arsenic instead of quinine, or because he had committed some of his homicides while in an intoxicated condition. Nobody ever heard of a medical society amputating a member for any such triviality as that.

Now, for what does the reader suppose those Chicago saw-bones cut off the offending member? For nothing in the world except that he put his business card in a newspaper and paid for it. It is contrary to medical ethics for a Chicago doctor to advertise in a newspaper. Why there should be any more objection to a doctor putting his card in a newspaper than there is in his tacking his professional shingle on his office door is more than we can comprehend without some operation having been previously performed on our journalistic brain. We utterly fail to discover why it is more unprofessional for a doctor to advertise in a newspaper than it is for a lawyer, or a banker to do so.

This is a peculiarly singular feature of medical ethics, when it is taken into consideration, that otherwise there is no profession that is fonder of newspaper notoriety. If a son of Esculapius does some fine work in repairing a rickety liver, or in putting in order some other part of the human anatomy that has become unhinged, we have never perceived any wild, frenzied opposition on the part of the doctor to having the fact mentioned in flattering terms in the local paper. There is nothing in this that interferes with the therapeutic, clinical, sanitary, analeptic, prophylactic or any other kind of medical ethics.

And it will be remembered, that every once in a while the doctors hold kind of medicated eucumenical council. We have never observed any attempt to prevent the press from publishing the sickening details. Usually one of the doctors is delivered of a long salutiferous, balsamic kind of a pastoral address, full of Latin names and less intelligent English, about *Materia Medica*, or *Dietetics*, or *Pharmacology*, after which his one object in life seems to be to inflict it, as a kind of mental porous plaster, on the reading public, through the medium of the local press.

There seems to be nothing in medical ethics against ruining the entire issue of a newspaper with that kind of a free cyclopean advertisement of personal and professional egotism; yet when any other doctor puts in a two inch ad. that he is authorized by law to take human life, the entire medical profession sits on his hind legs and howl about ethics, which goes to show that the profession is as badly afflicted with humbuggery as is theology.
—*Ex.*

Tubercle Bacillus and Pneumonia Micrococcus.

The use to which the presence of micro-organisms in the sputa of tubercular and pneumonic patients may be practically put is illustrated by a paper by Dr. J. Samter, of Posen (*Berl. Klin. Woch.*, No. 25, 1884). A debilitated man, sixty-five years of age, suffering from diarrhoea and cough, with scanty expectoration, but without any physical signs beyond those assignable to senile bronchial catarrh, complained one day of great sense of weakness and increased cough. Examination of the sputa by the Ehrlich-Weigert method now revealed, in addition to the bacteria, etc., from the oral cavity, a large number of bacilli and some diplococci, which resembled those detected by Friedlander in the sputa and inflamed tissues of cases of acute pneumonia. The physical signs continued negative, although the patient became rapidly prostrate, collapsed, and died in two days after the detection of the micro-organisms. The necropsy revealed the existence of a walnut-sized cavity at the left apex, and two cheesy foci, with bronchial dilatation; the right lung was in the "first stage of pneumonia," and beset with miliary tubercles; there was also ulceration of the intestines. Here, it was thought, was a case in which there had been an infection by the tubercular and pneumonic virus, the invasion of the pneumonia-micrococcus exciting the tubercular bacilli to greater activity; and it is stated as of etiological interest that a case of typical pneumonia had been admitted into the same ward before the patient in question had developed the serious symptoms. Much, however, depends, it appears to us, upon the correctness of the post-mortem diagnosis of the pneumonia in this case; the supervention of acute miliary tuberculosis being *per se* sufficient to induce the hyperæmia, which alone was present. Another case is given where pneumonia complicated phthisis. In this case the sputum contained micrococci but no bacilli, which were, however, found in abundance in a cavity in the lung. Here also miliary tubercle supervened, and the writer evidently is of

opinion that infection by the "pneumonia-coccus" is liable to produce a condition favorable to the more rapid growth of the tubercle bacillus in cases where the latter is not making much progress.—*Lancet*.

Berberis Aquifolium in Syphilis.

Mr. M., about forty years of age, had had syphilis several years before, but seemed apparently well. Of the time we write contracted the disease, and just as this was yielding, without delay or unusual trouble, a second exposure and a second infection. In addition to this, a thorough drenching in a cold rain. Result most deplorable. In a few days he could not help himself, every joint and muscle in the body immovable. Large open chancre, with phimosis, bubo in each groin. Began treatment with what had, in syphilis cases, heretofore proved useful. "Got no better fast." But more trouble; the entire surface of the body, face and all, became one mass of syphilitic eruption. A change of treatment seemed necessary. Something must be done, and that quickly, or the case would be lost. We had used in several mild cases, Berberis—this was when the remedy was first introduced by Messrs. Parke, Davis & Co.,—with excellent results. Why not try it in this? It was tried, and pushed to the "extent of the law." Result, all that could be desired—a perfect recovery. There were no "shot gun" prescriptions made. Now and then small doses of iod. potash were given for a week at a time, then a rest for two or three weeks; give berberis and podophyllum all the time. This treatment was continued actively for three months; then for three months longer, giving periods of rest, for one or two weeks, every third or fourth week.

It should be stated that the bubos did not suppurate, although one of them was as large as a goose egg. Hot water was all that was used to discuss these ugly things. By the way, hot water applied with a cloth is the best thing in our experience to be used or can be applied, and the experience is pretty considerable.

Now what did the curing? The potash? No, for enough of it was not given, even if it had the curative power to accomplish such a result. Not the eruption surely. As much was damned up in the bubos as was thrown off by that means. Berberis, notwithstanding "H." in E. M. Journal says, "vegetable alteratives do little or no good," did the work and did it well. It was given a fair chance, for the case was a typical one, and the question was impressive, will berberis cure syphilis? The

response was, it will, but a good preparation must be used.

That of Parke, Davis, & Co.'s, was the preparation used—the fl. ext. Waiving any intention of ignoring other houses, we are forced, by experience, to say, that the fluid extract by Parke, Davis & Co., is the only preparation of the drug we have met, meeting full expectations. To say that it stands at the head of the list as an anti-syphilitic, is but giving it its proper place.—*Ind. Eclectic Med. Journal.*

Carry Medicine into Politics.

Fifty years ago there were laws in nearly all the States making a close corporation of *regular* medicine. Anything outside of this school was punished by fine and imprisonment. And the people were forced to die *secundem artem*, or have no medical assistance.

The good people were somewhat averse to this then, as they are now, and the matter was made a political question. It was "repeal all medical laws, freedom from class legislation." Liberal men who have given the matter thought, resolved to support no one for office who was not in favor of the repeal of those laws. The result was, that in twenty years not a law remained on the statute books.

We have reached the same point to-day, and the old battle has to be refought. Ten years ago the American Medical Association resolved that "Medical legislation is necessary," and adopted a plan to procure it in every State in the Union. They have carried the plan out in several States, and they are working for it in all. With the general adoption of these laws freedom in medicine is at an end.

Carry this matter into the political field, and vote for no man who is not in favor of liberty in medicine as in religion.

In New York they have a law as absurd as it is contrary to every principle of American liberty. It requires that every person practising medicine in the State shall have his Diploma endorsed by a New York medical college, paying therefor a fee of twenty dollars. This law has received the constant support of Governor Cleveland, and he refused to sign a bill passed by the Legislature allowing the endorsement by Incorporated Medical Societies.

With such a record if Governor Cleveland were ten times a Democrat or a Republican, I would not vote for him. Let him and all others of the same ilk be politically damned.—*Eclectic Med. Journal.*

Editorial.

Another Society Needed.

No man, and especially no physician, possessing the common feeling of humanity, can visit the large stores of our cities where female tenders are most exclusively employed, without having his sympathy aroused in behalf of this class who are receiving such cruel treatment at the hands of their penurious and thoughtless employers. They will be found at their posts of duty from the hour of opening the store until the closing hour, without the privilege of sitting down even during the intervals of a lull in business, when their services for a brief space are not in requisition.

If there ever was a necessity for a Society for the prevention of cruelty, there is now a necessity for one whose object shall be to prevent cruelty to saleswomen in our large stores. Can it be that the proprietors of such stores are entirely thoughtless in regard to this matter? or has the canker of the "mighty dollar" eaten out of their hearts every vestige of humanity?

In some cities this condition of the saleswomen has so afflicted the hearts and influenced the principal female patrons of these stores, that they have, it is said, banded themselves under a resolve that they will withdraw their patronage from those stores whose proprietors refuse seats upon which their employes, at proper times, may rest their weary limbs. From a physical standpoint alone it is a wretched life that they lead. As has been stated, they are at their posts at the hour of opening, and are compelled to stand all through the long and wearisome hours devoted to business, knowing no rest until the store closes. When they retire to their homes they are so jaded and tired that the supper table presents little or no charm, for they are too fatigued to eat. They then seek the solace of their beds, in the hope to forget their weariness in the quietude of sleep. But even here they are often foiled, for they are often too tired to sleep; and frequently it is late into the night before they can enjoy that sweet forgetfulness which sleep imparts. At early morning they rise unrefreshed and weary still, to engage in another toilsome day of duties, in no respects unlike that of yesterday. There are peculiar periods in the lives of young women, when those duties which the shop requires would be almost insupportable under the most favorable circumstances; how much more so must this be the case under the oppressive store rules that are now enforced.

There are but few physicians residing in cities who have not been consulted by more or less of these unfortunate females, who are suffering from affections that may be directly traced to these unscientific, unphilosophical and inhuman regulations under which they must work.

It is not, perhaps, a correct policy to interfere in any man's business, but when from neglect of justice on the part of the employer, rules seriously affecting the health, usefulness, and life are imposed upon employes who have no means of protecting themselves, it is time to be out-spoken, that public sentiment may be set right upon a subject of so great importance.

We afford our dumb animals suitable protection from the abuse of their cruel masters; we throw the shield of protection over neglected and abused children; now let us be mindful of the female store-tenders of our cities, who may become mothers of a future generation, and see to it that they are so protected in their physical rights, that they may be saved from the evil of producing a weak, feeble degenerate race. Nothing has here been said in regard to the diseases that may be, and in some cases are produced by the unnatural laws enforced in some of our stores, because it was not considered necessary to speak of those things which could not be fully appreciated by the public, but are better known to physicians, from whose experiences, instances in abundance could be produced. For these reasons the subject has been alluded to only in its physical view, in the hope to stir up the sympathies and action of employers, and thereby induce them, if possible, to abrogate the difficulties and the unnecessary sufferings experienced by employes. And the ladies who are the patrons, and supporters of these stores, can greatly facilitate the removal of these evils, by such concentrated action as shall make their influence felt. Let us have a Society for the Prevention of Cruelty to Saleswomen.

Treatment for Felons.

The application of the Faradic current, the positive pole to the affected thumb or finger, for ten or fifteen minutes, will allay the pain and inflammation. The application should be repeated the next day, and perhaps a third treatment on the following day may be necessary. This treatment in my hands has been sufficient to cure several cases after the parties had lost several nights sleep on account of the pain, and had been advised to have the finger opened to the bone. C.

Cole's Method of treating Retained Placenta.

This condition or complication is always a troublesome one, and often exceedingly annoying, when the physician has already been long detained.

Having been disappointed in the action of the common remedies for such conditions, and knowing of serious results sometimes following manual force, and knowing the contractile force of electricity, I resolved to try it at the first opportunity.

A case soon presented itself, when, without trying medicines I applied the Faradic current, negative to the coccyx, and positive over the abdomen, with current sufficiently strong to produce contraction of the muscles of the abdomen and the uterus as well. In three minutes the patient had a vigorous pain which expelled the placenta and caused the womb to contract, and thus prevented hemorrhage. I have since used this method in several cases with complete success.

It is safer than drugs and more reliable, and does the work in much less time. C.

Macrotys.

The action of this remedy as a uterine tonic, or for rheumatism, is well understood, but its effects as an external agent for sprains, neuralgia, "crick in the back," and other affections are but little known.

When any thing is required for such purposes arnica or hamamelis are first thought of and ordered as a matter of course. For such conditions, however, Macrotys is far superior to either of the agents named. For sprains of all kinds it is an excellent remedy. For acute neuralgia in the face or temple, I have seen the local application of this agent relieve when other means had failed. The addition of two grains of Sulph. Morphia to the ounce of tinct. makes it more efficacious for this purpose.

For sprains, contusions and like injuries, bathe parts freely and apply a compress wet with the tincture and you will be pleased with the results. Try it. C.

Oxygen in Cholera.

News has been recently received from Toulon that Dr. Troncin was successfully employing inhalation of oxygen in cases of cholera. It appears that the oxygen is employed in the stage of collapse, and its good effects can readily be ascribed to stimulation of the respiratory and cardiac centers. It is not surpris-

ing that such results are following this method, and it is reasonable to suppose that a more thorough use of this agent will meet with happy effects. The exhibition of oxygen even during the first stages of the disease, must be of great benefit, both as a stimulant and as a germicide, and we predict a more general use of it in the future.

"Let your Light Shine,"

Every practitioner of medicine has, at one time or another, had a peculiar case to treat; or has learned a new way to treat an ordinary one; or has discovered an excellent remedy for a certain complaint; or has, in his possession, *something* of value to his brother physician. Now doctor, let us have it; it matters not whether it takes ten or one hundred lines to express it on paper, *put it down* and send it to us—if it needs remodeling we will do it—and so benefit others. The JOURNAL is the means at your command to "cast your bread upon the waters." We solicit your kind attention in regard to this matter, desiring that the JOURNAL shall be the means of much good in exchanging the experiences of its readers. "Let your light shine."

Miscellaneous.

Professor Letamendi says: Always look at the lips of a pale sickly child; if they are of a deep red color, beware of prescribing tonics internally. At the outset you would congratulate yourself, but in the long run you will repent of having employed them.

Send to McKesson & Robbins, New York, for catalogue of their pills. This house has a world wide reputation, attained on the merits of their work. See their advertisement on page facing first page of reading matter of this issue of JOURNAL.

The next "National," we are told, is to be at Altoona, Pa. This news will, doubtless, be refreshing to many members who survived the "Pandemonium and Hades" at the last session. The absence of clattering wheels over cobble stones, and the cool mountain breeze, will give to Altoona some attractions not possessed (in June) by Cincinnati.—*Chicago Med. Times.*

It seems almost superfluous to write of the elegance and uniformity of the preparations made by Messrs Weyth & Bro. Their Elixirs are simply perfect, and their "bi-sulphate of quinine pills" are in great demand. Write for their circular, and say you saw their advertisement in the EASTERN MEDICAL JOURNAL.

We are sending sample copies of the JOURNAL to many Physicians who have not as yet subscribed. Will these gentlemen look it over and, if they think it worth the amount asked, please send us the subscription fee. Practitioners who use a pocket day-book and visiting list, are reminded that we will send one of the best to them, post paid, for the publisher's price, (\$1.00) and also send the JOURNAL *free* for one year.

We would call the attention of our readers to the advertisement of Wm. Snowden, which appears on another page. His "Iron Dyed Silk," for Surgeon's use has met the favor of the most eminent of the profession, and his 'Binaural Stethoscope' can but be appreciated by the practitioner. Write for a circular, and mention the EASTERN MEDICAL JOURNAL.

Quarantine regulations against cholera cause some curious difficulties on the Franco-Spanish frontier. Along the high road, near the village of Perthus, one side of the way is French, the other Spanish. Accordingly, if a Spaniard merely crosses from his house to a French *café* opposite for a *petit verre*, he can not go home again until he has undergone seven days' strict quarantine.

VALUABLE FORMULA.—The "Magee" Emulsion of Cod Liver Oil, in combination with Extract of Malt and Syrup of Hypophosphites, (Lime and Soda,) is a valuable preparation. Read the testimonials which appear in their advertisement in this number of the JOURNAL.

A prince of medical science advised one of his patients to submit to a surgical operation. "Is it painful?" inquired the sufferer. "Not to the patient," replied the doctor, "but very much so to the operator." "To the operator!" "Yes; because it is an experiment that is successful only about once in ninety times."—*Surgical Reporter*.

THE COURT ADJOURNED.—“Now,” said the Judge, addressing a witness a witness who failed to obey summons, “I shall make an example of you. This Court has been run over long enough by such men as you are, and I think that about three months in the country would do you good.” I had a reasonable excuse for not coming, Judge.” “What was your excuse, sir? “Sickness in my family.” “That’s what they all say.” “You see, Judge, my wife died with the cholera day before yesterday, and” our Court did not hear the rest of the excuse; the Sheriff and prosecuting Attorney, the lawyers — all were gone. The backsliding witness gathered up a bundle of legal cap paper, and remarked as he shoved it under his coat: “Better take this away. Wife needs it to put over the tops of the preserve jars!”

Brown's Troches.

R. Extract licorice (powdered)	2 drachms.
Sugar (powdered)	3 ounces.
Cubebs (powdered)	
Acacia (powdered) of each	1-2 ounce.
Fluid extract conium	1-2 drachm.

Beat into a thick paste, and cut into lozengers.

Geddes' Extract of Hemlock is rapidly gaining in popularity. It is a superior astringent and tonic for mucous surfaces. Read the testimonials in regard to this remedy on another page, then write for a sample bottle, if your druggist does not keep it, and be sure you mention the EASTERN MEDICAL JOURNAL, because we are ready and willing to endorse all the good things said of this extract.

During the past two years the demand on Messrs. Parke, Davis & Co., for their fluid extract of corn-silk (stigmata maidis) exhausted their stock, and rather than supply, as some manufacturers have been in the habit of doing, a preparation of dried material, which they maintain is inert, they declined orders. This year they have taken time by the forelock, and have, during the season which has just about closed, laid in and properly preserved for future use, an immense stock of the green material. The profession who may have occasion to prescribe this demulcent diuretic in the vesical troubles for which it is so highly extolled, may therefore depend on Messrs. Parke, Davis & Co., for a reliable preparation of it.

THE EXPLORING NEEDLE FOLLY—The tubular needle furnished with all hypodermic syringes is a far better instrument for exploration than the grooved needle called an exploring needle, and has the additional advantage that it can be used with the syringe attached, which, when so employed, becomes a small aspirating pump. The exploring needle should be discarded from all pocket cases, and substituted by the hypodermic syringe, which is needed also for subcutaneous medication.
—*Polyclinic*.

"I understand that you have stopped practising," said the Secretary of State to an eminent colored physician. "Yas sah, 'cluded ter gin up de trade an' go ter preachin'. In dis country dar ain't no money ter be made in de practisin' o' medicine. W'y, sah, ef I had er 'voted my time ez close to suthin' else ez I has ter dis business, I would er been putty well off by dis time. Ober two-thirds of my patients neber paid me, sah." "Why didn't you sue them?" "'Twouldn't done no good, 'case da wuz dead, sah. I got de wut' class o' patients. None o' 'em neber had no health an' constitution."—*Arkansaw Traveller*.

Green's August Flowers.

R. Rhubarb,	360 Grains.
Golden seal	90 "
Cape aloes	16 "
Peppermint leaves	120 "
Capsicum	5 "
Sugar	1-2 pound.
Alcohol	16 ounces.
Water	20 drachms.

Mix the water and alcohol, and macerate the drugs in this; filter, and add sufficient dilute alcohol to make a pint; then dissolve the sugar.

Pruritus ani and the distressing itching of urticaria and mosquito bites can be much alleviated by local applications of menthol. It may be used by rubbing the menthol pencil lightly over the surface, or by dissolving a small amount in alcohol and bathing the part.—*Polyclinic*.

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

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No. II.

Original Communications.

[For Eastern Medical Journal.]

The Regulations of Medical Practice.

EDITOR EASTERN MEDICAL JOURNAL.—Knowing your willingness to give the friends of the JOURNAL a chance to express their honest opinion through its pages, I have concluded to test your liberality by giving *my* opinion in regard to medical legislation.

There have been various attempts made to regulate the practice of medicine, and in many of the states these efforts have been crowned with success, and laws have been passed, the execution of which have had the effect of protecting the community against the unprincipled attacks of ignorant and designing men.

So far as we are advised by the public press, their enactments have been beneficial, and have wrought their legitimate effects. In the view of every right minded man such laws are just, inasmuch as they are intended to afford protection to communities cursed with an army of ignorant and merciless pretenders, who are answerable to no body of men for their actions, and whom no law can reach and punish.

There seems to exist in many places a sickly sentimentality touching the rights and privileges of men, and which claims that any and every man who pleases may "set up as a doctor," without let or hindrance, and the boasted liberality of the coun-

try becomes a cloak for ignorance and crime, and license becomes licentiousness.

The laws touching the qualifications of the man who seeks to enter the profession and to legitimately earn the degree of Doctor in Medicine are certainly plain enough, and are of a character stringent enough, if fully carried out, to secure men properly prepared and educated to take upon themselves so important a trust. To possess a suitable preliminary education, to pursue the study of medicine under some legally qualified practitioner, to study also at some recognized school of medicine for the time required, to attend the requisite number of collegiate lecture courses, and then graduate at a legally constituted medical college; these are the requirements of law at the present time, and those who conform to these just demands should be shielded by that same law, and be protected against the usurpations of unprincipled and ignorant men. Therefore to regulate by law the practice of medicine and surgery is a duty every state owes the profession, and to protect the community against ignorant pretension, by the enactment of just laws, is a duty which is in every respect equally binding.

Massachusetts, one of the most law-abiding and justice-loving states in the union has failed to enact such a law, and every attempt at obtaining public protection has failed. When a petition has been presented it has been referred to a committee, and a hearing appointed. At once every quack, magnetizer, rubber, would-be-spiritualist, and heaven knows who else, rushes to the state house, makes a wretched display of their ignorance of medicine, of the structure of the human body, and of its diseases, and declare to the committee and the legislature, "gentlemen, if you pass any such law as this, you infringe upon our rights as free citizens of this free republic, and deprive us of our means of a livelihood." Then somebody wants to graft privileges upon the bill in behalf of some "rubber," or "magnetic," or "fortune-teller," no matter who it is, until the whole affair presents such a ludicrous aspect, that respectable men and educated physicians, seeing that the whole thing is a farce, turn from it in disgust. And so it ends, and has ended the famous hearings before our state authorities.

Massachusetts is a hot-bed of quackery, and for the best reason. In many of the states laws touching the subject herein considered have been passed, and the crowds of "irresponsibles" have taken alarm. The hegira at once commenced and Massachusetts becomes the receptacle of most of this offal. No objection is offered to them here, no one can prevent them from ply-

ing their trade, our legislature throws over them the banner of recognition, the profession is unprotected, and the public is left to the tender mercies of ignorant pretenders.

There is little hope from present appearances that matters will be any different, as there is no disposition manifested by our legislators to make the needed change that it is in their power to make. It is but very recently that our state legislature refused to enact a law compelling dentists to become educated at some dental college before being allowed to practice. If they will not grant this, they will not grant the other, and, consequently, everything that pertains to the health, happiness, and general welfare of our people in these respects, is left at loose ends and a constantly increasing class of irresponsible persons are let loose to prey upon the community without license or control. It is a disgrace to Massachusetts that such a state of things exist.

As it regards the medical profession, any person practising in any town or city should be registered by the proper authorities, and this upon presentation of his diploma received from a legally constituted and properly authorized medical college of either of the three recognized schools of medicine. Examinations would be useless, as in them prejudice might prevail and thus the design of the "Registration Laws" might be defeated. The diploma of the person presenting himself for registration might be accepted as evidence of his claim to be registered, and if it were found that he was of immoral character, or had been expelled from his school of practitioners for good and sufficient cause, he should not on any pretence be allowed to register. This course would not, it is true, meet all the objections to the present loose and unjustifiable method of procedure, but it would afford *some* protection to the community who have not the least now. These names being published, as every town and city should be required to do, the public would at least know *who* were registered physicians, and by employing only such they would be saved from the depredations of irresponsible parties.

Until this, or some better method shall be devised for public protection, Massachusetts will be over-run by just such a horde of vile pretenders as she is cursed with at present, and the community must continue to suffer in the future as it has suffered in the past. It will be a pleasure to record the fact, when the Legislature of Massachusetts shall have aroused from its lethargy, and seriously set itself about the consideration of this all-important subject.

JUSTICE.

BOSTON, MASS.

[For Eastern Medical Journal.]

The Proper or Right Use of Physicians.

EDITOR EASTERN MEDICAL JOURNAL.—In a recent article upon "The Physician," I referred to his position in society, and his relation to the public, and his opportunities for doing good. In the present paper I propose to briefly consider the right, or proper use of that numerous class of conservators of the public health. Physicians in general, in their effort to do good, stop very nearly at the point where they should begin. It is not proper, but it is indispensable, that a patient should be conducted to the crisis of a disease, but it is more, much more, to manage the patient properly during the period of convalescence. One, and perhaps the first duty of the physician is to attend to the patient, not necessarily to ply him with drugs and potions, until he recovers his usual health. There are proper means to be used and legitimate, innocuous instrumentalities to be employed in all cases in restoring the patient to health, not only in acute, but in chronic forms of disease; but it is not my purpose at present to discuss the various methods usually employed in such cases. I would simply state, however, *en passant*, that the fashionable, and that means the alcoholic methods of the profession now-a-days, is unphysiological and unnatural, and the use of such agents in the curative process, is the *improper* use of the physician, in a legitimate sense.

It is of the utmost importance *how* a patient recovers his health, whether the disease shall be eradicated, or whether partial-relief only shall be obtained, while the seeds or the taint of the disease remain in the system, rendering it liable to be developed at any subsequent period of life. The amount and kind of exercise a convalescing patient needs from time to time, the kind and quality of his food, his clothing, his drink, his bed, the material of which it is composed, and even his sleep—all these may, and do have an important bearing upon the question of permanent recovery from an attack of disease.

The physician may do a great deal by instruction and example in all such matters, not only to the patient and his family, but to the people generally. If the patient's habits were wrong before, there cannot be more a favorable opportunity than the present for changing them, and this can only be done by instructing him relative to the laws of his being and the proper methods thereof of avoiding in future the penalty which is the result of the infraction of those laws. But one will query, and pertinently perhaps, whether physicians, as a class are competent to instruct the patient or the people upon this grave subject, and

whether, as a class, they do not in connection with the people, require instruction themselves, and whether they, as a class are not illiterate and ignorant, and finally whether they do not make a trade of the profession, and esteem it only as the means of obtaining a living. Ignoble and humiliating indeed, are these considerations, if admitted, but this is another phase of the subject which I do not propose to discuss just now, though it is a subject for anxious thought and serious consideration and contemplation on the part of the profession and of a suffering and forbearing people.

It is more than probable that to do all the good which might be done in a family and among others, simply by the ways and under the circumstances here suggested, would involve much of the physician's time, for which as things now are, he would not feel himself at liberty to make a charge. But as I have repeatedly said, the good which a well read, educated medical man may do in connection with the sick, is but a mere item of the good which he has it in his power to do in the world and among the people in his intercourse with them.

He can be useful to the healthy by instructing them how to remain healthy. As society is at present constituted, there is not an occupation in which men do not continually violate the natural law and render themselves liable to the penalties attached to such violations, in the form of pain, suffering and disease. There are very few, if any, however healthy their occupation may be, who do not at times expose their health and who are not conscious that they do so. And there are indeed but few who do not seek information on the subject, only they seek it at the hands of ignorance, superstition or empiricism. Most men are conscious that they jeopardize their health from time to time, and make an effort to counteract the evil tendency. They have eaten unripe fruit, or too much food of some sort, and they resort to liquor in some form to prevent the evil consequences, thereby increasing the difficulty four fold. They have over-heated themselves, or they are very thirsty, or have drank large quantities of cold water, and as they have doubts about the safety of doing so, they avail themselves of the advice of the ignorant, or mistaken experience, and add a *small* quantity of brandy or whiskey punch, to prevent cramps in the stomach. They have, imprudently, perhaps, lain down upon the damp grass and slept when overcome, and now when they come to reflect, they see how they have exposed their health by it, and are disposed to take something to prevent the evil consequences. And so in numerous instances of daily occurrence which might be named in all the ordinary occupations of life.

Now should the attention of the people be persistently directed to this subject, and the love of enquiry be awakened to a proper consideration of its importance; then the masses, undoubtedly, would appreciate the efforts and cooperate with those who would engage in diffusing intelligence or knowledge upon the subject of health, and the methods of recovering it when lost, and retaining it when found.

And is it not in the province, the proper use of the physician to labor in the interest of the great public, by disseminating a knowledge of these great principles that form the basis of real life, health and enjoyment.

What does the law of God—the natural law, teach us on this momentous subject? Should not the physician be so educated and so disposed to labor in the interest of the public, as well as that of his own, to impart knowledge, and acquire it as well? Then would the public confide in him as the interpreter of the laws of their being; and would not the people rejoice and be glad at the assurance that they derived more advantage from his council and advice than from frequent visits to the apothecary. And the more the spirit of enquiry is extended, and the more enlightened both the people and their adviser becomes, the more would the former delight to seek information. The people could afford it, too. How much time is lost in improper recreation and injurious indulgence, waste of time, and the profligate expenditure of the vital forces.

Surely it is not the exclusive mission of the physician to deal out drugs, and ply his patients with alcoholic stimulants, while the masses are kept in blissful ignorance of the true methods of securing immunity from the penalties which result from a violation of the laws of God. And now, in conclusion, is not the instruction of the people the most proper and legitimate use of the physician?

L. H. BORDEN, M. D.

PATERSON, N. J., Nov. 1, 1884.

[For Eastern Medical Journal.]

Treatment for Orchitis.

EDITOR EASTERN MEDICAL JOURNAL.—In the September No., page 136, C. K. H. asks for a treatment in a case of Scrofulous Orchitis. I give the following, which is a good treatment. If

he should adopt it I hope to see the results reported in the JOURNAL:

R. Specific Tinct. Iris Ver.,
 " " Phytolacca Dec., aa 3 i
 " " Xananthoxylum Ber., gtts xx
 " " Rumex Crispus, 3 i
 Chloroform, gtts xx
 Soft Water, O i

M. Sig. Dose teaspoonful every two hours during the day.

A less quantity could be prepared at a time by observing the proportions.

The depending organ should be supported by proper bandaging.

W. F. MOORMAN, M. D.

JAMESTOWN, OHIO.

[For Eastern Medical Journal.]

Spasms of Urethra.

EDITOR EASTERN MEDICAL JOURNAL.—Will some of the many readers of your valuable Journal give a treatment for Spasm of the Urethra. I have a case of long standing that resists all treatment. The paroxysms occur frequently, and are very likely to, if the patient, a lady of about forty years of age, gets over tired or excited. There will be constant desire to urinate, with inability to pass more than a few drops, accompanied with intense pain. Sometimes almost complete suppression of urine for one or two hours.

C. W. E.

Selections.

Specific for Hiccough.

Dr. Henry Tucker recommends, in the *Southern Medical Record*, the use of the following very simple remedy in the treatment of hiccough, namely: Moisten granulated sugar with good vinegar. Of this give to an infant from a few grains to a teaspoonful. The effect, he says, is almost instantaneous, and the dose seldom needs to be repeated. He has used it for all ages—from infants of a few months old to those on the down-hill side of life, and has never known it to fail. The remedy is certainly a simple one, and though no theory is advanced to account for its wonderful action, it merits trial.—*Therapeutic Gazette*.

Scarlatina.

You have asked me for my opinion and the result of my experience with belladonna as a prophylactic for scarlatina. Like many other homœopathic physicians, I have for a number of years been testing this drug, and prescribed it in families where scarlatina had made its first appearance, and frequently not another member of the family took the disease; and where one or more had taken it, the attacks were often of a mild form. I have also prescribed it frequently at the same time to a number of families living in the immediate locality where the disease existed, apparently with the same good results. Again, I have prescribed it frequently upon development of the first case in a family or neighborhood, and continued its use right along with a number of those yet free from the disease, and in many instances I have seen one case after another develop itself, not only in the same family, but in neighboring families where the medicine had been continually used from the first outbreak of the contagion. But I have not only seen the number of cases multiply in spite of my prophylactic, but have witnessed equally as large a percentage of mortality where belladonna had not been taken.

In my opinion, belladonna as a prophylactic must be classed in the same category with the vaccination fallacy, the nailing of horse shoes above the door for luck, or tying a red string around the little finger to stop nose bleed, or with other humbugs and superstitious notions of the past. Science knows no prophylactic, excepting whatever promotes or exalts the tone of physical health. Nothing except the vital energy corrects disorder and removes morbid and effete elements from the system, and wards off invasion of disease externally. There must be debility, of some form or other, within the organism to impair our energies before a distinctive encroachment from without can seriously disturb our health. This is an assertion so well understood, and so universally accepted by scientists as being true, that it needs no argument for further elucidation.

Thus it at once appears how preposterously absurd it must be for an intelligent physician to prescribe a specific prophylactic as a universal panacea for a certain distinctive disease. Any such attempt to avert a possible malady with disease-creating agencies, can be nothing short of ignorance or charlatanism, whether emanating from a Jenner, a Hahnemann, a Thompson, or a State Board of Health,

Much has been vaguely written to establish the specific powers of certain supposed prophylactics, but whenever the proofs of their efficacy have been sifted to the bottom, it becomes ap-

parent that nothing but ignorance and faith perpetuated their use. And whenever faith holds sway over the human mind, science must step aside. Any attempt to disprove a belief based upon faith will avail nothing. Epidemics are warded off by public sanitation. Endemics, or diseases of individuals, are averted by private sanitation, a strict obedience to physiological laws and proper hygienic rules. Through these only can we attain perfect health.—*D. Daggart, M. D., in Ind. Ec. Med. Jour.*

The Doctors.

The doctors met yesterday afternoon at the session of the Board of Health. While two or three of them were awaiting the hour of opening the Board they talked over business matters.

"How goes the battle?" said Doctor No. 1.

"Oh, miserably," replied Doctor No. 2. "People seem determined to keep well. Why, I haven't had so much as a case of the stomach ache in a month."

"I find business good," chimed in Doctor No. 3. "I have just taken in thirty-five dollars."

"What!" exclaimed several saw bones in concert.

"I'll bet a cent you can't show us the money," said the incredulous physicians.

Doctor No. 3 planked down the cent and the other physicians managed to scrape up a copper between them, although they all said that it was a more difficult operation than amputating a limb.

To their surprise Doctor No. 3 produced the thirty-five dollars in neat greenbacks. He won the cent, greatly to the disgust of the assembled physicians. They sat staring at each other in moody silence awhile. The idea that Providence should smile upon him and prompt a patient to pay him the whole of thirty-five dollars on a doctor's bill, seemed a miracle that they could not understand.

Finally the doctor was seized with convulsions of conscience so severe that he could not contain himself longer, and returning the cent to his doubly astonished brethren he said, "yes, but the thirty-five dollars wasn't paid to me on a doctor's bill, it was for a cow I sold."

"I thought so!" chimed the pill slingers in concert, and it beat all how soon the look of envy cleared away from their faces.—*Medical Index.*

Vesical Tenesmus.

We have occasionally encountered persistent and desperate cases of vesical tenesmus, where the administration of ordinary agents amounted to nothing for relief.

A few years ago a woman about the climacteric passed successively from one to another physician, suffering with these symptoms for weeks, the tenesmus amounting to almost as severe forcing as labor pains, and nothing afforded relief. The writer was one among the number who ignominiously failed and suffered dismissal.

Recently we have encountered one of these cases, and after much tribulation have been enabled to control it with the local application of a folded napkin saturated with four parts sulphuric ether to one of chloroform laid over the pubes and covered with a folded flannel cloth wrung out of warm water. In a few days the symptom thus held in abeyance disappeared.—*California Medical Journal*.

Editorial.

Crookedness in The Maine Eclectic Medical College.

We made the assertion, in the September issue of the JOURNAL, that diplomas were illegally granted to two, and we believed three, individuals, by Buzzell, the dean of the Eclectic Medical College, and his colleagues; because of gross incompetency, non-attendance, and immoral character. We quote section seven, of the charter of this institution, it being the section which gives the requisites for graduation:

"The teachers and professors employed as herein specified, shall have power to confer degrees and grant public testimonials to students who satisfactorily complete any one or more of the prescribed courses of study. Provided, however, that no diploma or medical degree for the practice of medicine shall be granted, excepting to students who shall have completed a course of study of three years under the direction of a practitioner of medicine, a graduate of an incorporated college; and who shall have attended two full courses of medical lectures in some incorporated medical college, the last of which, previous to graduation, shall have been in this institution; shall deposit with the faculty satisfactory certificates of good moral character, and shall pass satisfactory public examination in anatomy, physiology, surgery, chemistry and obstetrics."

Now, with a copy of the charter before us, we will put it squarely: At the close of the last session of this college, Robie Blake was granted a diploma on less than twenty weeks (*one term*) attendance, altogether. Samuel York was granted a di-

ploma without having attended the required time, and even after he had failed to pass the examination in Anatomy, Physiology, Materia Medica, and The Practice of Medicine. Another man was supplied with a diploma at a time when he could not have given satisfactory evidence that he possessed a good moral character. To these assertions we defy J. M. Buzzell to contradict, under oath.

The new anæsthetic, discovered by Dr. Koller of Vienna, proves to be of great value. The discovery, which was accidental, was that a few drops of a two per cent. solution of Cocaine hydro-chlorate placed in his eyes rendered them insensible to the touch. It is said that the efficacy of this anæsthetic has been tested at Mount Sinai Hospital in that city in a case of cataract. The patient, a woman of fifty, was placed upon the operating chair, and a few drops of the solution were put into the eye. This was repeated three times at intervals of five minutes. The operation was completed without causing the patient, who was conscious throughout, any pain. Since that time other operations upon the eye and the numerous cavities of the nose, throat, etc., have been performed in a similar manner.

Medical Legislation.

The Eclectics are really becoming exorcised upon the subject of Medical Legislation; quite a number of prominent members of this school of medicine having, lately, given to the public their favorable opinion of such laws. It is amusing to read the articles, and note the reasons given by each, why a medical law should be established; notably those of "Justice," (which appears in this number of the JOURNAL,) Drs. Younkin and Clark. The most conspicuous reason given is that the dear "public" must be protected from the murderous quack. One man says "the opponents of medical legislation would not say it was tyrannical to say to the butcher, 'you shall not sell diseased meat;' to the baker 'you shall not put gypsum in your bread;' to the manager of a railroad corporation 'you shall cause the bell to be rung at all road crossings, and come to a full stop at the crossing of other railroads;'" but he does not consider the fact that the honest "butcher, the baker, the candle stick maker" are not required to work for the establishment of a law for the protection of the public against the dishonest ones the *people themselves* being the ones who receive the harm, attend to it. And when they feel they are to be benefited by a medi-

cal law, undoubtedly such a law will be in force. One man lays to the "ignorant quack" the charge of causing the death of many of their innocent victims who otherwise would have been saved, had educated physicians been employed; yet statistics fail to show that such is the fact. There is no medical law in Maine nor Massachusetts, yet the mortality in these states is not perceptibly greater than in states where the "quack doctor" has been exterminated, and the sick are obliged to swallow the pills and potions of the educated empiric.

The man who is ignorant of the many new methods of treating diseases, and, therefore, does not employ them, is perhaps, safer at the bedside, than the educated man with the "majesty of the law" behind him. The latter is heroic and reckless, and the people tremble before him. This is proven in almost every town where liberty is given the sick to choose whom they please. When the "magnetizer, rubber, would be spiritualist, and heaven knows who else" succeed in holding a practice among educated physicians, it shows that the people prefer them. We do not wish to be understood as advocating the cause of "no legislation," if the people deem it for their interest to have such a law enacted. We believe that if a law was in force prohibiting all but legally diplomatised physicians to affix the title "M. D." to their name, and imposing a heavy fine upon any one who was found violating such a law, the public would be properly protected. Then a person could take his choice, either "John James, M. D.," or "Doctor Smith;" one shows he is a graduate of a legally constituted medical college, and the other represents simply that he has "set up as a doctor." But the fact is, this is not what is wanted, as "Justice" explains. In speaking of the proper mode, in his opinion, to follow in registration of the names of those properly qualified to practice, he says: "upon the presentation of his diploma to one of the three recognized schools of medicine." And unless this could be done "the *design* of the law would be defeated." Again, "if it were found that he was of immoral character, [would they always be just in deciding this point?] or had been expelled from his school of practice for good and sufficient seasons, [to advertise in a paper more than simply his name and place of business, is considered sufficient grounds for expulsion,] he should not on any pretence be allowed to register." The writer of this signs "*Justice*" as an appropriate *non de plume!* We are inclined to like the candor and frankness of the *California Medical Journal*, which, while it favors medical laws, is honest enough to give its true reason, *i. e.* self-protection. It says, in regard to this subject: "as far as protecting the people are concerned, we care little about that. People usually take good care of themselves."

Buzzell's Letter.

Dr. J. M. Buzzell, of the Eclectic Medical College of Maine, having succeeded in getting a Medical Journal on the other side of the continent (*The California Medical Journal*), to publish an article derogatory to our character, and, as the man is probably unknown to the readers of said Journal, some credence may be placed in it, we have thought it best to explain matters. No notice would be taken, by us, of this last gasp, if the letter could be read by those who know the writer, only. We must apologize to our readers for taking so much space to explain personal matters.

We held the position of Professor of Anatomy at the above mentioned institution during the first two years of its existence; all of which time our best efforts were given for the establishment of a reputable medical college, as the citizens of the town will testify. Yet from the first we labored under the disadvantage of having, in intimate relation to the concern, a notorious character; a man having the reputation of being an ignorant quack doctor. Two or three of the professors, including the writer, endeavored to rid the college of this obstacle, when we found that the *dean*, Dr. Buzzell, was in league with him! and that the two were inseparable. We had no knowledge of the former character of those who had the college matters in charge until we had occasion to make enquiries as to the possibilities of the institution becoming consolidated with the Bates College, which is situated in the same town, when we were answered by one of the officers of the latter college that that "could never take place as long as Jim Buzzell was connected with it, and that he was a disgrace to any institution."

We learned how things were going, even before the end of the first term, for the "dean" tried his utmost to induce us to give this man York, a certificate of full attendance on *fourteen days attendance!* even coming to our residence to press the matter further, after we had once refused. Finding that no respectable school could ever result while in such hands, we informed the entire faculty, also the president of the trustees, that unless Dr. York was removed from the position of trustee, we should resign our position as teacher. This notice was given long before the close of the second and last term of our connection with the college. A few days previous to the trustees' meeting we again notified Mr. Little, the president, that if York was not out of the position he held, we would not remain longer with them. The annual trustees' meeting was appointed to be held at the leading hotel in the city, at a certain date, and we

awaited results. The day came ; we went to the hotel but were not a little surprised to learn that the trustees were holding their meeting at Dr. York's house ! We next learned that the president had refused to attend, but had sent in his resignation; also, that two other trustees had resigned. Knowing that there was crookedness going on, we hastily repaired to the house and passed our resignation in ;—placing the document in the hands of Dr. Buzzell. It seems our request to resign was not granted. What occurred at this meeting, and the opinion we formed, the readers of the JOURNAL know as we published the same in the May, 1882, number. It was this article which caused Buzzell and his friends to commence warfare against us ; for immediately after the publication of the article they preferred *false charges* against us, in order to expel us, if possible, from the Maine Eclectic Medical Society, the Secretaryship of which we then held. They forwarded us a copy of the "charges" and a notice of the "special meeting for trial" which was to be held in the college room. Our answer to the charges which we give below, was a general denial. They charged us with "attempts to subvert the objects, and injure the reputation of the Maine Eclectic Society, (!) by attempts to injure and destroy The Eclectic Medical College of Maine, by publishing false statements in the May, 1883 number, of the Maine Medical Journal, etc." That was the principal charge, which the concoctors, after they had learned the facts, acknowledged to be devoid of truth. They then ransacked our private business as ravenously to find a spot to show against us, as though we were the opposing candidate for some high office. They charged us with being "a common rumseller," when the facts were, we had, years ago, furnished the capital for one of the college students (one Harvey,) to establish a drug store, we acting as silent partner. Finding, after a time, that the business was decidedly unprofitable with this man conducting it, we dissolved partnership, and clerks were employed to run the store until we could dispose of it, which we did in a few months. Not long after the store was left in the hands of clerks, we, in company with five other druggists in town, *including this same Harvey*, who had established a drug store himself, were called upon to pay a fine for selling intoxicants contrary to the strict prohibitory law in Maine ; which, by the way, had never been enforced before. Now, observe the inconsistency of the charge. The man, Harvey, has been fined several times since *we* closed out our business, and even was obliged to hide for some time in order to avoid arrest and imprisonment, yet Buzzell and his colleagues

thought *his* moral character was not sufficiently smooched to prevent their granting him a diploma, even at the very time of his criminal proceedings! Bear in mind that during all the time that we were connected with the store, and even after our indictment, this Buzzell found no fault with us, until we disclosed his crooked ways. The next charge was that we had advertised a dispensary and hospital in an exaggerated way. This charge was false, as they acknowledged at their "trial." Buzzell is too old a man to falsify, yet, in the letter he got published, he says we had "but two rooms, heated by a cooking stove," when he *knows* he *lies*, for he came to the dispensary with several others of the faculty and looked it over, at which time he had no fault to find with the apartments, which were ample. These constituted the charges preferred against us; which they sent us with a notice of the trial. Having changed our residence to Massachusetts, we did not attend the trial, but asked a member of the Maine Society to read our answer to the charges. We learned that a decision was not reached, but the matter was left over until the next regular meeting, which was to be held at the college room, in December (last). We fully intended to be present at this meeting, but was detained by sickness. A telegraph dispatch was sent to that effect. However, knowing that they could never get so many of our enemies, and so few of our friends together again, they pushed the matter through without any defence being made on our part. We received a notice stating that we were expelled; but we were exonerated from all charges of quackery, and it was shown that we had been an able and efficient teacher. Not long after this, we received a communication from the president, J. I. Brown, M. D., saying that the Society had acted illegally in regard to us, and "we were still a member in good standing."

We received no official notice of any further action to be taken, and as the facts, reported in the JOURNAL, endorsed by Professors Burrell and Root, we supposed that the matter had been dropped, until we received notice from the Secretary of the Society that "the action of the Society, censuring us, at its last meeting had been confirmed." We believe that we can still legally claim a membership in that body.

The last part of Buzzell's letter will appear most ridiculously false, *i. e.* where he says his college will be run without rum, when we inform our readers that the very reverse is the case: Two of the teachers are noted for their love of the "ardent," and we understand another, at one time was expelled from the old school society for drunkenness and malpractice! Why,

Eclecticism is a protest against the narrow views and intolerant spirit of the exclusive schools. It took its rise in a popular revolt against a worthless and destructive system of practice and medical despotism. It is, in principle and spirit, the analogue of our free, civil institutions. It is conservatism without fogyism, progress without fanaticism. In practice, it is the intelligent choosing of the best from all systems, and the discovery and utilization of whatever is healing in the whole *Materia Medica*.

. Minneapolis, Minn.. April 22, 1884.

The Geddes Manufacturing Co., Cambridgeport Station,
Boston, Mass.

Gentlemen.—The bottle of Fluid Extract of Hemlock you so kindly sent me in January last came in good order, and I have been testing its merits in those cases for which it is recommended, and can truthfully say that in proper strength it is a most excellent astringent tonic to the different mucous membranes of the body in a state of Hypermia or chronic inflammations.

In Vaginal and Uterine Leucorrhoea it is especially valuable, and much preferable to mineral astringents.

One difficulty continually met with in securing good and permanent results, is the using of such remedies too strong.

Your Extract should be diluted fully as much as your bottle label recommends in chronic diseases, and in some instances even more.

Thanking you for your kind favor, I remain, Very truly yours,
C. S. STODDARD, M. D.

333 Hennepin Ave.

CHOLERA.—The germs require an alkaline medium for their development. For this reason acids should be used freely by those exposed to the poison. The mineral acids, preferably the aromatic sulphuric acid, have proved to be most efficient prophylactics ever tried, and their value should be more generally acknowledged.—*Brief*.

Balsam of Honey.

R̄ Tinct. Lobelia, ʒ vi
 " Anise,
 " Sassafras aa ʒ ii
 Honey, ʒ viii
M. An excellent emetic for children, also valuable for whooping cough, croup, etc.

Cort F. Askren, of Corydon, Indiana, States:—"I am using *Melliers Standard Buggy Case*, and consider it the neatest, most durable, and most convenient that I have ever seen."

For Ringworms.

Wm. J. Ford, M. D., recommends the following, (in the *Medical World*.):

℞ Acidi boracici, 3 ss
 Aquæ, $\frac{7}{8}$ ss

M. Sig.: Apply with brush and allow to dry on.

MR. WM. H. VANDERBILT has donated a half million dollars to the College of Physicians and Surgeons, New York City. This proves that he did mean it, when he said: "the public be d——d."—*Ex.*

The Indiana Eclectic Medical Journal is one of the most welcome of our many exchanges. It is well edited and managed, and has an able corps of contributors. Send for a sample copy and you will be surprised at the amount of practical medical literature that can be bought for \$1.00.

In this issue of the JOURNAL may be found the advertisement of the Indiana Eclectic Medical College, and the *Journal*, edited by one of its faculty, Dr. Pickerill.

C. W. Prindle, M. D., of Grand Rapids, Mich., States:—"Have used *Tongaline* exclusively in all forms of Neuralgia and Rheumatism, finding it safe, easy and efficient remedy.

For all cases of neuralgic or rheumatic pains, accompanying the colds that predominate in this damp and malarial region, it seems to be a specific. I take great pleasure in recommending it to the profession."

The superiority of *Lactopeptine* over pepsine as a digestive agent is everywhere acknowledged, and is rapidly succeeding it. From extended experience in the use of *Lactopeptine*, we unhesitatingly recommend it as a most valuable remedial agent in certain forms of dyspepsia, vomiting in pregnancy, and especially in *Cholera Infantum*.—*Canada Lancet*.

Remedy for Hemorrhoids.

Dr. F. M. Jones writes the following :—

℞ Bismuth subnitrate, 3 ss
 Pulv. hydrastis, 3 i
 Vaseline, $\frac{3}{4}$ i

First moisten the bismuth and hydrastis with glycerine, and then add vaseline. Sig. Apply two or three times a day with the finger.—*Medical World*.

Where women have aborted *during previous pregnancies*, or in any case where abortion is feared, Aletris Cordial *should be continuously administered during entire gestation*.

The British Medical Journal highly extols Balsam of Peru, as a remedy for pruritus ani; referring to it as a new triumph in medicine, that there need be no more itching about the anus.

MR. E. DUNCAN SNIFFEN, 3 Park Row, New York, the well known and popular advertising agent, has issued his Advertiser's Reference Book for 1884, which is full of valuable information regarding leading and other medical periodicals, newspapers, etc.; their circulation, rates and what will be of interest to any one intending to advertise extensively or locally. Write for it and mention the JOURNAL.

Cough of Phthisis.

℞ Morph. Acetat 3 grains.
 Acidi Hydrocy. Dil. 1 drachm.
 Syr. Tolu 3 ounces.
 M. ft. sol. Sig.: A teaspoonful as often as cough demands.

The medicine should be kept in a dark bottle well stoppered. Some cases will require more and some less morphia and prussic acid, but this is a benign remedy. Where mucus secretion is deficient, iodide of potassium is the remedy.—*Brief*.

THE increase in the size of the bottles in which that valuable preparation, Hydrolene is put, is noted in the advertisement on page two.

Eastern Medical Journal.

A. J. MARSTON, M. D., EDITOR.

WORCESTER, MASS.

Terms :—50 cents per Annum.

Single Copies, 10 cents.

Entered at Worcester Post Office, as Second-Class mail matter.

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DECEMBER, 1884.

No. 12.

Original Communications.

[For Eastern Medical Journal.]

Medical Laws—An Answer to Justice.

EDITOR EASTERN MEDICAL JOURNAL.—I have received several copies of your JOURNAL, but thought I would not be in haste to subscribe for it, as it might be suddenly taken, like some other Journals I have ordered, with suspended animation. While reading the article in the November No., signed "Justice," I concluded that if such erroneous things as were therein found did not receive an editorial rebuke, I wanted no more of the JOURNAL. When, however, I read your editorial, under the head of Medical Legislation, I then concluded that it was safe to prognosticate that your JOURNAL will not be troubled with suspended animation next year; and, therefore, you will find enclosed the pay for it for 1884 and '85.

Justice writes as though the medical laws which have been passed in many of the states never protected unprincipled, ignorant and designing men. Intelligent justice never was guilty of such an error. Such laws are not needed to protect honest, wise and fair men. It is educated humbugs that wish protection, when they take advantage of the weak and unfortunate. What Legislature demonstrated that any collegiate graduate is not a fool or a knave? Also, where is the medical college that can convert a cunning fox, an intelligent pig and a talkative

parrot into first-class physicians, even if they have human forms.

Let us divide all medical practitioners into two classes ; and Justice has no right to object, so long as any physician is either right or wrong, and right and wrong count but two. Every physician either prescribes drugs or agents which will not kill or injure, or he prescribes those things that will injure or kill if they do not aid in curing. In one class will be found those who are doing all they can to help the people to help themselves, and for the prevention of disease. In the other class are those who are making all the business they can and trying to keep the people as ignorant as possible. Now which of these two classes of physicians have asked for a law to give greater protection to a collegiate humbug, than to an uneducated quack?

It is nonsense to talk about the moral character of some of those physicians who ask to be protected by law in the use of injurious agents. It is well known that many of them are drunkards or makers of drunkards, or both. Who knows when or where a physician has been expelled from a medical society for drunkenness? Moral character is not estimated as highly in many medical societies as pretense and power.

It would be false to say that there are no physicians in good standing in popular medical societies who practise deception. One example ought to be sufficient on deception: An official member of a medical society who votes every time he can to keep New York State from becoming "a hot-bed of quackery," has been known to treat a well-paying man for several months for heart disease when the trouble the man had was dyspepsia—from want of exercise. He also told another man, who was sharp enough for him, that his pulse was beating 150 beats per minute, and that he would be confined to the house five or six weeks. Immediately after the doctor left, the man's pulse was found to be only 75, and, without using the doctor's prescriptions, he was at work in about four days. Such a doctor usually has desperate cases and frequently causes resurrections, and never visits the easily frightened or ignorant patients of another doctor without convincing them that he is the best doctor.

Have hungry, starving needy students ever gone out of college and taken advantage of the ignorance and sufferings of the people? If they have, how much worse have humbugs, who never went to college, done? Have not "every quack, magnetizer, rubber, would-be-spiritualist, and heaven knows who else," just as much a right to the "means of a livelihood" as any other class who are merely their equals or inferiors, and found doing a great work under "Registration Laws?"

It is an insult to common humanity to claim that many of the most popular physicians are not the most ignorant. The eminent physicians who treated President Garfield can be taken as proper examples of destitution of common sense. Any person who had given the least evidence of being a doctor or a nurse, and never had learned any thing about the use of whisky, morphine and probes would have given the President better treatment than he received, and he probably would have had a chance to die a natural death. It is hard to imagine any worse treatment than he had, as not the first right thing was done for him. I admit that I am using severe language, yet claim that there is sufficient proof that it is true. The facts about the injurious effects of the prescriptions for Garfield were plain to every observer who had not been injured by false education.

Where would his physicians have asked the courts to put unlettered doctors, if they had made such "a display of their ignorance of medicine, of the structure of the human body and its diseases," as was made when poisoning the blood of the distinguished patient, with poisonous, stupefying drugs and excessive food that could not be digested, and trying to find a "completely encysted," and consequently harmless bullet where it was not, and thereby aiding in the formation of "a long suppurating channel" and "an abcess cavity?" Is there any "Justice" in a law which licenses collegiate charlatans to do work in a wrong way, and punishes unschooled quacks for doing better or no worse?

Such physicians as Garfield had ask to be protected by law against the encroachments of practical common sense persons. They are not "protecting the community against the unprincipled attacks of ignorant and designing men," but the very reverse. The medical profession cannot boast about harmony and perfection and therefore should not ask for laws to suppress truth, stay progress and keep the public from having what they need. If unschooled quacks can triumph over diplomatic humbugs, (or a worm can thrash a mountain,) let it be done, without the legislature stepping in and giving the humbugs any advantage. As long as medical students persist in learning nonsense, and continue to do wrong in practice (as was done in the Garfield case, and is being done in thousands of other cases,) they have no right to say that their education has cost them much time and money, and therefore demand that law makers should set them up in business.

I have, in my mind, four men, all now deceased, who were each useful doctors for twenty to thirty years. I knew much,

and heard more about them. Not one of them ever saw the inside of a college, and probably none of them ever read a sentence in any of the popular medical books. Their success was better than any old school physician; and their patients were not left with mercurial rheumatism or sores, opium habits, any injury of sight or memory by the use of quinine, and were not left with any chronic diseases on account of bad prescriptions. They did not injure or kill their patients, because their prescriptions were harmless. Does the community need any protection "against the usurpations" of such "ignorant men?" Should legislatures make criminals of such men so long as professors in popular medical colleges are teaching errors? God forbid! in Maine and Massachusetts; and may the law-makers in other states wake up to a sense of repentance and reform. Let common sense people have the right to employ doctors, while medical absurdities, in the name of cultivated science, are prevalent. True education, however, should be encouraged; and if any legal enactment is necessary, it is to make collegiate professors understand that they should stop teaching nonsense and teach common sense, even if they have less students, and their students have less business. They should not teach so much that has to be unlearned, as the practitioner grows older, better, and wiser.

How many, many medical students at the time of their graduation, have not learned the difference between endurance and cure, because in many colleges it is not taught. Because a patient endures bad treatment, and a disease which has been thereby aggravated, and the cure has not been thus properly judged, the bad treatment will receive undue credit. As it is a truism that just as the twig is bent the tree is inclined, it is also true that it takes more than a lifetime for many physicians to learn that they received false instruction when they were told that injurious or deadly agents are reliable remedies.

So long, then, as popular medical colleges "compass land and sea to make one proselyte, and when he is made" he is "more the child of hell than heaven," legislators should allow a free fight between truth and error, or should never legislate to give even a possible error any advantage. A worthy physician rather stand upon merit than a dangerous law; and claim that the time has not yet come for laying aside the good old motto which reads as follows:

"Seize upon *truth* whenever found,
On Christian or on Heathen ground;
Among our friends, among our foes,
The plant's divine, where e'er it grows."

G. W. KING, M. D.,

Saratoga Springs, N. Y.

[For Eastern Medical Journal.]

The Inspection of Food and Medicines.

EDITOR EASTERN MEDICAL JOURNAL.—That the public is consuming a large amount of unhealthy food, is a fact that cannot be successfully disputed. And that physicians, (those who do not, and cannot for want of proper conveniences,) are obliged to administer medicines, a large portion of which are adulterated, is another fact that can be disputed no more successfully.

There is little question that a great deal of meat of different kinds is brought into our markets, and disposed of as food for our people, which has died as the result of accident, or being diseased is killed in anticipation of the natural death that surely awaits it. If the day ever arrives when, in the large cities, we can have inspectors of food appointed who are not the outgrowth of political preferment, then may we hope to have something, deserving the name of inspection, and the people will begin to feel a degree of safety from fraud, and can indulge a reasonable hope that they will not have palmed off upon them diseased and unwholesome meats.

The matter of inspection of provisions has been a topic of discussion in many of our towns and cities, and more recently it has been discussed in this city, but not with satisfactory results. The Committee on Public Health are seeking to control the inspection of provisions, which scheme does not appear to meet with much favor in some quarters. At a recent discussion of the matter before the committee on Public Health, one gentleman expressed the opinion "that the present mode of regulating the inspection was unsatisfactory, and that its control by the Board of Health would lead to the indorsement by it of the acts of the inspectors whether they were right or not." Another gentleman remarked concerning the Board of Health, "that it was wholly a political machine, its members seeking to control municipal affairs rather than to do their duty." This gentleman was in favor of abolishing the Board, and rather preferred to have an officer appointed like the health officer of Great Britain, who, acting under the State Government, would have no friends to favor, nor enemies to fear.

Whether under a simple special health officer, or under a Board of Health, the public would be best protected, it is, perhaps difficult to decide; but it is quite certain that some energetic measure should be taken to defend the community against this crying evil.

As it is in regard to meats, so it is in regard to groceries; they are not diseased like meats, it is true, but they are adulter-

ated in such a manner as to make them injurious, unhealthful, and more or less destructive. It is difficult to buy a perfect article, and the adulteration of groceries is carried on to a greater extent than the community are aware. The commonest articles of the table are adulterated in the most outrageous manner, and sometimes by the use of poisonous agents. When we have proper officials appointed to inspect these articles, who will prosecute offenders to the bitter end, then we may hope for some relief from this curse which haunts us.

But then there is another adulteration which is fraught with as great or greater evils than are the two we have mentioned, and that is the adulteration of "drugs and medicines." It is one of the cruelest frauds that can be perpetrated. It takes from the physician the power of cure, and destroys his confidence in the efficacy of medicines which have at other times worked favorably in his hands. Beyond these, the lack of efficacy in medicines which have before been favorably active, entails upon the patient an extended period of suffering which may terminate in death.

But how are the evils of adulterated medicines to be overcome, and such frauds prevented? By having a competent man appointed as inspector. By an inspector is not meant a man who does not know sulphur from mustard; not a man appointed because he belongs to our side, or the prevailing side in politics; not a man who gives up a business because he was unsuccessful in it, and seeks the office through the favor of friends because he is poor; not every man who claims to be a druggist, for there are not a few who make such a claim who are wholly unable to distinguish between a pure and an impure article. Such are not the men to enter the highly responsible office of drug inspector. The medical profession, the apothecaries, and the public at large, require and demand for such a position a non-partisan, a thorough druggist and chemist, a man who, like a few druggists in our favored city, can tell a pure article from an impure one almost at sight. Much, very much depends upon having such a man to fill so important a position. He should be a man of inflexible integrity, who can neither be bought or sold; who fears no man's frown and courts no man's favor; but holds his office by virtue of his absolute qualification for its duties, and when such a man is found to fill the position, he should be paid, well paid, liberally paid, for he is a man of untold value to the community, and cannot be estimated by dollars and cents.

Will not all agree that such are the qualifications required for a drug inspector, and that a less qualified man cannot discharge the duties required with safety to the public?

And has not drug inspection suffered for want of such a man? The large amount of drugs now upon the market is a sufficient answer to this last question. When we get wholesome meats, pure and unadulterated groceries, proper drainage and ventilation, and drugs freed from their present impurities, it is more than probable that we shall witness a great falling off in the bills of mortality; and that physicians, and pure drugs even, will be in less demand for the treatment of those diseases that now so generally prevail, as they would be warded off by what is known to the physician as "*preventative medication*."

In regard then to meats, groceries, and medicines, our only protection lies in the man, or men, who shall mediate between the articles and consumers, the manufacturers and the public. Such man, or men, can only be found in the conscientious, honorable, and qualified inspectors. Those who are in authority should realize the full importance of this matter, throw over the public its protection by supplying such officials, giving them an adequate remuneration for their services, as such men will prove invaluable to the community, and are cheap at any price.

H. G. B.

New York.

[For Eastern Medical Journal.]

Bright's Disease,

EDITOR EASTERN MEDICAL JOURNAL.—As Bright's disease is becoming more prevalent than formerly, and as it is considered a fatal disease, in most cases, I will report for the readers of your valuable Journal, two cases successfully treated by me, and give the treatment followed in each.

Case No. 1. Mr. S——, aged about 60 years, had been treated by three physicians for this disease, without benefit, when I was called in as I was returning from a visit to another town. I found him confined to his bed, very weak, emaciated and at times delirious.

Upon subjecting his urine to the usual tests, I found it very heavily loaded with albumen. I prescribed as follows:

R Fl. Ext. Eupatorium Pur., $\frac{3}{4}$ ii
 Fl. Ext. Eryngium Aq., 3 ii
 Alcohol, $\frac{3}{4}$ iss
 Aqua, add $\frac{3}{4}$ viii

M. Sig. Dose, teaspoonful every three hours.

I departed from the house thinking that it was a hopeless case. I saw no more of my patient for several months, when I met him on the road. His first words were; "Well, doctor, they

all gave me up to die, but you brought me out all right." No other medicine had been used but the prescription above mentioned. The last account I had of him he had had no return of the disease.

Case No.2. Some months ago Perley H——, aged 20, came to my office for treatment. He had been unwell for some time. Was pale, weak, and losing flesh rapidly. A vial of his urine was brought, which upon examination was found to be loaded with albumen. The prescription given in case No, 1, was repeated in this, with same directions. At the end of one week I examined the urine again, when I found the albumen had decreased fully one half. A third test, some two weeks later, showed but a trace of the disease. The treatment has been continued without change until the present time. The patient has gained in flesh and strength, and is able to perform considerable labor. The sister of this young man having died of this disease two years ago, his family feel highly gratified at his recovery.

In regard to the remedies used, I will say that I prefer The Wm. S. Merrill Chemical Co's. "Green fluid Extracts," or the "Specific tinctures" of Messrs Thorp & Lloyd Bros. The preparations made by both of these houses I have used for years and have always found them reliable in every respect.

A. D. MUCHMORE, M. D.

Campton Village, N. H.

[For Eastern Medical Journal.]

Treatment of Acute Dysentery with Aconite.

EDITOR EASTERN MEDICAL JOURNAL.—In the *Maine Medical Journal*, Vol I., No. 6, you will find an article written by Dr. William Owen, (*Indian Medical Gazette*), reporting one hundred and fifty-one cases of Acute Dyspepsia, treated by tinct. Aconite. Since then I have treated all my cases of dysentery, diarrhoea, cholera infantum with aconite, and thus far I have been able to restore to health every case. A success I have never had before. Five drops of tinct. aconite, (mother's tinct., homœopathic) in two-thirds of a glass of cold water, commencing with one teaspoonful every half hour and then giving it in teaspoonful doses every hour, has been with me a perfect success. Mr. Editor, in your JOURNAL my attention was first called to the remedy. My first patient was a blacksmith. I gave him a two drachm bottle filled with sugar pellets upon which I dropped five drops of the aconite, and told him to take three pellets every hour, and come back and report. In about four months

he returned on other business and I asked him who cured him of the dysentery, and he at once replied, "you did." I was called to a case of cholera infantum about six weeks since, in which aconite was resorted to with the happy effect of bringing the baby around all right. The lady having charge of the child—it was at a private boarding house for children—said they had lost five children this summer with the same complaint under other treatment. I was called to a child eighteen months old, and an old man, of eighty-one years in the same house; and both were suffering with diarrhoea. The same remedy and dose was given to each and both recovered.

I have no doubt but that I have treated over forty cases and all with the same splendid success; for which I must say, many thanks, to your JOURNAL.

C. W. BATES, M. D.

HEMPSTEAD, QUEENS CO., L. I.

[For Eastern Medical Journal.]

EDITOR EASTERN MEDICAL JOURNAL.—"C. W. E." on page 175, of the Nov. No., asks for "treatment for Spasms of the Urethra?" This is my treatment for the difficulty:

R. Tinct. Canthar. (Am. Dis.) gtts iii

Aquæ, ʒ iv

M. Sig.: Dose, teaspoonful every hour till four doses are taken, afterward, at longer intervals. Sometimes, not often, I alternate with Gelseminum.

JNO. A. HUTCHINSON, M. D.,

PATCHOGUE, N. Y.

Selections.

Muriate of Cocaine in Ophthalmic Surgery.

Muriate of cocaine, the new local anæsthetic, is attracting much attention from medical men all over the country, although it was first heard of in this country much less than two months ago. Probably the introduction of no other agent into medical and surgical practice has excited so much interest as has muriate of cocaine. It is to be hoped that this agent will not prove to be one of the ephemera which have so frequently made their appearance in the medical horizon of late. From present indications this will prove to be a valuable agent for producing local anæsthesia previous to performing certain surgical operations. So far as I am aware it has been used much more extensively

in ophthalmic surgery than elsewhere. Already, scores of operations have been performed while the parts were under its influence, and the results have, in the main, been satisfactory. Its use in many instances renders unnecessary the use of a general anæsthetic, such as chloroform or ether, but it cannot always be employed to the exclusion of these latter. It has been successfully employed in operations on the eye, the nose, the uterus, etc. I have made many experiments with it, and have used it in a number of cases previous to operating, and the results obtained have been generally uniform. I employ a four per cent. solution, and one weaker than this is not likely to give satisfaction. After two drops of this solution were dropped into the eye, and repeated every three minutes till eight drops were used, it was observed that tolerable complete anæsthesia of the parts soon followed. Applied to the mucous membrane of the mouth or nose the results were similar. It seems to paralyze sensation in all parts of the trifacial nerve with which it comes in contact. As it has been used in uterine operations, and has there produced anæsthesia, it is quite probable that all parts of the human economy are susceptible to its influence. Although it produces anæsthesia of the conjunctiva and cornea, it is thought by some that it will not anæsthetize the iris. No doubt it will be difficult to affect this tissue by muriate of cocaine, owing to the fact that it is bathed with the aqueous humor of the anterior chamber. This humor will dilute the cocaine to such an extent that it will not be likely to produce complete anæsthesia of that tissue. But that it does exert a paralyzing influence upon the iris there can be no doubt, for its effects can be observed both in operations and otherwise. As we shall see, it partially paralyzes the sphincter of the pupil, and dilates it widely. This it would not be likely to do, without also affecting its sensibility; especially so when it paralyzes other branches of the same nerves which supply the iris.

After the use of the cocaine solution, the cornea begins to lose its sensibility within three or four minutes, and in many cases the corneal anæsthesia is complete in five minutes. However, in some cases the anæsthesia is not complete until the expiration of eight or ten minutes. The following case will illustrate its anæsthetic effect on the cornea:

A gentleman who was under treatment for an irritable and painful ulcer of the eye, and who had been treated with atropine etc., in the morning, came several miles from adjacent villiage in the afternoon, seeking relief from intense pain. Two drops of the muriate of cocaine were installed into the eye, and this was re-

peated in four minutes. In less than eight minutes he was not only relieved of the pain, but the corneal ulcer could be touched with the point of a sharp instrument, without producing the slightest sensation.

The conjunctiva loses its sensibility after the use of cocaine in six to ten minutes, and can be firmly grasped with a fixation forceps without producing pain or discomfort. When the eye is turned from side to side by the forceps the patient experiences a sense of motion.

The anæsthesia of the cornea and conjunctiva lasts from twenty to thirty minutes after which time sensation gradually returns. In the case of painful ulcer already referred to, the relief from pain was complete for several hours.

Its action on the pupil and on the muscle of accommodation (ciliary muscle) were observed as follows: In five or six minutes the pupil began to dilate. The dilation increased slowly for fifteen or twenty minutes, at which time the pupil was twice the normal size. In no case did I observe that the pupil was dilated *ad maximum*. The dilation of the pupil lasts from twelve to twenty hours according to the quantity and strength of the solution employed. At no time was the pupil wholly irresponsive to light. In twelve to fifteen minutes I observed the first signs of failure in the power of accommodation. In twenty minutes the effect on the ciliary muscle was tolerably well marked, and print which before the use of the medicine could be seen at five or six inches, could not now be seen nearer than twelve or fourteen inches. Repeated attempts to fully dilate the pupil and render it wholly irresponsive to light were not successful in my hands. Neither did I succeed in producing like complete paralysis of accommodation.

It will be seen that muriate of cocaine not only produces tolerably complete paralysis of sensation, but that it also impairs the motility of parts to which it is applied. Although its influence in producing motor paralysis is slight, yet it does not appear to be of such short duration as is the paralysis of sensation. While sensation is completely restored within thirty to sixty minutes in the normal eye, the power of accommodation does not return for several hours, and the pupillary sphincter does not regain its power for twenty hours.

It was observed that the parts became slightly hyperæmic soon after the use of the cocaine solution, and that they bled more freely when incised, than is usual in similar operations. From this I was led to infer that the cocaine exerted some influence over the vaso-motor nerves. This of course did not amount to anything like complete vaso-motor paralysis. It was also observed

that the hyperæmia produced was of short duration—probably not lasting more than twenty to thirty minutes, after which time the parts presented a somewhat paler appearance than normal. For example, a medical student presented himself for experiment before the Wayne county medical society. The conjunctiva, both ocular and palpebral, was somewhat injected before the drug was used. For a short time (about half an hour) after its use the congestion was well marked, but later the conjunctiva was much paler than in the other eye.

I have employed cocaine muriate in a considerable number of operations upon the eye, such as extraction of cataract, enucleation, strabotomy, the removal of tarsal tumors, operations on lachrymal apparatus etc. In most instances the patient experienced little or no pain, and where patients had any selfcontrol the results were highly gratifying.

The use of this local anæsthetic will not prove entirely satisfactory in operating on children and persons who are extremely nervous and timid. Such persons think an operation must of necessity be attended with pain, and imagine the operation painful whether it is or not. In one case of an extremely nervous boy, whose timidity was so great that the drops could be put in his eye with great difficulty, it was necessary to administer a little chloroform while operating for convergent strabismus. The right eye was bandaged while the left was being operated upon, but the bandage came off, and as soon as he could distinctly see what was being done he became uncontrollable, and it was necessary to give a little chloroform.

In one case of enucleation, I was able to do the greater part of the operation before the patient felt any pain. Had the patient not been a nervous, timid person, I think the operation could have been completed without difficulty. As it was a little chloroform was given previous to section of the optic and ciliary nerves. This patient was a bad subject for general anæsthesia, and by the use of the local anæsthetic, the necessity for, and the risk of, complete general anæsthesia were avoided. In cases of this character, muriate of cocaine will probably prove itself of great value, for while it produces a sufficient degree of anæsthesia of the part operated upon, the danger of chloroform is avoided. Even if chloroform is administered at the same time, it need not be carried to the point of complete narcosis.

In an operation for cataract the patient stated that he felt no pain whatever. The only thing of which he was cognizant was a pressure; but whether this was from the speculum between the lids, or from the pressure of the shell scoop upon the cornea in delivering the lens, I do not know.

Bowerman's operation upon the lachrymal apparatus was done several times with scarcely a particle of pain. In one case the division of stricture in the nasal duct produced as much pain as that operation usually does. When I succeeded in getting any of the solution through the duct into the nose, the passage of the knife produced but little suffering. In one very nervous subject, who fainted during an operation done previously for removal of a tarsal tumor, no pain was felt when a similar operation was done after the use of the cocaine. In this case the incision was made upon the conjunctival surface of the lid. Patients who have been operated upon for strabismus say that while they feel no pain they experience a "sensation of motion," or a drawing or pulling of the eye when the stabimus hook raises the tendon previous to the tenotomy.

In a canthoplastic operation, the pain was less severe than usual, but the operation was by no means painless. Had the skin at the outer angles of the eye been well bathed with the cocaine I doubt if the operation would have produced any considerable pain. While cocaine lessens the sensibility of the skin, it does not destroy it; therefore, for operations involving the integument it will not be valuable, unless the hypodermic injection of the drug can be done with safety. Under such circumstance it would seem that some of the minor operations might be done without producing pain.

In regard to enucleation of the eye, which is regarded as a painful operation, and one which is seldom or never done without an anæsthetic, I would suggest a subconjunctival injection of the cocaine solution be made previous to beginning the operation. If the medicine have been previously dropped upon the conjunctiva, the passage of the hypodermic needle would scarcely be felt and sensation could thus be destroyed in all nerves to be severed in the operation.

How wide will be the range of usefulness of this new drug, time alone can determine. It may have objectionable features which we have not yet discovered, and like other lights it may prove to have a shadow. It will be some time before we can estimate its real value and give it its proper place in our list of useful agents. If, however, it proves to be in reality all that it seems to be it will be an invaluable addition to the armamentarium of the ophthalmic surgeon. And its usefulness will not be confined to ophthalmic practice, for its anæsthetic power will prove advantageous in a thousand ways. — C. J. LUNDY, A. M., M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT IN THE MICHIGAN COLLEGE OF MEDICINE, in *The Physician and Surgeon*.

Editorial.

The Journal. Its Progress and Expectations.

The JOURNAL having reached the end of its third year, it is proper to give its readers some idea of its progress. Although contended by many obstacles during the first few months of its life, it succeeded in overcoming them, and from that time to the present it has made steady advancement.

Many periodicals have started in life under much more favorable auspices, yet have fallen by the way-side and have been seen no more. It is with pride that we can assure our readers that the Journal is now established on a firm foundation, and that its future prospects were never brighter. With a circulation far above the average of medical journals of even older years, we find that we have done well. *But we are going to do better yet*, and all we ask of our many readers is that they will assist us in our efforts just so far as we are deserving of it, both with their pen and with their purse.

We have to thank many who have manifested so cordial an interest in our welfare from the beginning, and we desire to say that our efforts shall be to still further merit their support. It is our purpose to make the Journal a vehicle of much that is of interest and value to the profession and to the public. We propose to maintain an independent position. Beyond whatever may be necessary for that purpose, we shall not harp upon pathic hostilities; and we hope to pursue a course, and manifest a spirit which shall commend our Journal to the favor of those whose good graces are worth cultivating, and whose good opinions are the best evidence of its merits.

Reliable Medicines.

That a large number of medical practitioners do not realize the importance of prescribing reliable medicines, is proved by the immense amount of cheap and worthless preparations in the market at present. In this issue of the JOURNAL will be noticed an article, by H. G. B., on this very subject. The writer advises an honest and rigid inspection of all medical preparations that are offered for sale. Possibly this means of preventing the sale of poor drugs would not be required if each physician would see to it that no worthless drug enters his office, or is allowed to be used in his prescriptions. Cheap medicines would not be manufactured if there was no demand for them.

There are very many physicians who, in all things else, are extremely careful in their practice; careful in making their diagnosis, and in the care of those under their charge; yet after the prescription is written, no further thought is given to what comes of it, and the patient gets it filled where it can be done at the least expense.

Not unfrequently it is found that the druggists stock of fluid extracts, from which prescriptions are compounded and *tinctures made*, are of the cheapest that can be purchased. It is not surprising that we have skeptics in medicine. There is good cause for it, if we rely upon the ordinary *cheap* preparations that are flooding the country. We claim that it is just as important and just as much our duty to see that the best preparations are used in filling our prescriptions, as it is to use care and judgment in writing the prescriptions.

Of what possible use is there for the ordinary "official" tincture is a question as yet unanswered to our satisfaction. When the medicinal properties of a drug can be prepared so that a drop or a fraction of a drop is sufficient for a dose, why use a preparation requiring a drachm to be used to get the same amount of medicine? Recently we enquired of a druggist for a tincture of a certain article, and was informed that we "could be supplied in five minutes, from a fluid extract." What on earth would be the advantage of carrying about a diluted fluid extract! What we want to administer to our patients is a preparation that can be relied upon to contain the active properties of the crude drug.

Nothing will so well fill this want, we believe, as an *honestly* made fluid extract, or normal tincture if it may be so called, representing in every minim of the fluid one grain of the medical properties of the crude article. Then we shall know what we are giving to our patients.

Let us inform ourselves of the quality of the drugs from which our prescriptions are being compounded. And let us not allow the cost of a good article to debar us from its use, If it is worth any thing, it is certainly worth what a good article costs.

The Cholera.

The danger of the cholera reaching this country increases as it spreads in Europe. The history of the disease helps to assure us of a visitation of it next spring. Escape will only be the result of thorough preparation and extreme vigilance. Our great cities should not repeat the mistake of Paris, in waiting

until the scourge has begun its work before taking every sanitary measure possible to keep it out. Now is the time for this country to take measures to avoid the suffering and misery which such an epidemic always brings.

It is creditable to the medical fraternity that they already appreciate the danger and are making efforts to avert it. Success in these endeavors may mean the prevention of great loss of life and millions of dollars.

The following circular to the quarantine officers and health officers of the principal cities in the United States and Canada, has been issued in consequence of the national conference of the state boards of health:

Dear Sir: At the conclusion of the report on the "Prevention of Epidemic Cholera in America" during the meeting of this conference at St. Louis, Mo., on the 13th and 14th of last month, and after urging upon Congress in the strongest terms its duty to enact such legislation and to appropriate such funds early in its coming session as will prevent the importation of this disease to our shores, it was resolved that when this conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next, and that the secretary be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their state or locality, and what steps have been taken to improve the same, and to prevent the introduction of disease.

In accordance with that instruction, you are cordially invited to attend the meeting of the conference, which will convene at the Ebbitt House, Washington, D. C., at 10 A. M., Dec. 10, and you are requested to be prepared to make such a report of the sanitary conditions and regulations of the territory under your jurisdiction as is contemplated by the above request of the conference.

The gradual extension of cholera in Europe, the serious outbreak of the disease in Paris since the adjournment of the conference, and the well known fact that it has never prevailed in that country as an epidemic without reaching our continent, coupled with the knowledge that our national government is taking no efficient precautions to prevent its importation, give great importance to the results of this meeting, and it is hoped will secure your attendance and coöperation.

The best possible rates of travel will be secured on all the principal lines of railroads centering at Washington. An answer is requested. Very respectfully,

J. N. McCORMACK, M. D., Secretary.

Bowling Green, Ky., Nov. 18, 1884.

Annals of Surgery.

It is announced that there will appear this month, the first number of a new monthly periodical to be devoted to Surgery. The publishers state that the inauguration of this journal is the

result of a conviction that the medical profession of the United States and of Great Britain desire and will support a journal devoted to surgery exclusively, if it be made of such comprehensive scope as to be fairly representative of the surgical thought and work of the present day. This periodical is to be published simultaneously in St. Louis, Mo., and London, Eng., and will be edited by L. S. Pilcher, M. D., of Brooklyn, N. Y., and C. B. Keitley, F. R. C. S., of London, Eng., with the collaboration of some of the most eminent in the profession, in both this country and Great Britain. We bespeak for this new enterprise a large patronage.

To be published by J. H. Chambers & Co., St. Louis, Mo. \$5.00 per year.

The Editor of *The Nebraska Med. Journal* complains because his Journal is not getting the support he believes is due it. He says: "We thought we were making it worth fully one dollar." Why brother, you *ask* a dollar for your magazine! When you have had a few years experience in medical journalism you will not talk that way. Don't imagine that you are going to get a hundred cents in return for only a dollar's worth of medical literature. It took us two years to learn just what *our* friends wanted: a magazine *guaranteed* to be worth a dollar and a half, for *fifty cents*.

When you can throw out an inducement like that, my friend, you will be surprised to see what a large number of friends you have who are ready and waiting to assist you and the "cause" with their subscription fees.

The Medical Compend, edited by H. G. Blaine, M. D., Attica, Ohio, has recently made its appearance. Judging from the first two numbers, it will meet with success. The majority of medical practitioners prefer the periodical which gives the largest amount of practical information in the least possible space. *The Compend* fills the bill, at fifty cents per annum.

To Some Old Readers.

There are many *readers* of the JOURNAL who are not *payers*. Will these gentlemen kindly give this matter a thought, and, if convenient, take some action in regard to it? We know we are giving you more than we ask of you, and, while we do not

wish to *press* you, we feel that the small amount asked should be forthcoming. None but *Actual Subscribers* will be charged for what they have already received. Send us fifty cents for 1885.

TO NEW READERS.

We respectfully ask those who receive a sample copy of the JOURNAL to look it over, and if they think twelve such numbers worth the price asked—fifty cents, to subscribe for the coming year.

Coca.

Coca, the chief alkaloid of which (cocaine) has recently proven to be of so much value as a local anæsthetic, should not be confounded with Cocoa, the plant from which chocolate is derived, and which is an entirely different plant. Coca is a shrub, native of South America, especially Peru, Bolivia, and adjoining states, where it grows wild, and is also largely cultivated on extensive plantations. It is propagated from the seed, and grows to a height of from four to six feet, has a leaf similar to the tea leaf, begins to yield within two years, and continues productive many years. The leaves are the part used; they are stripped from the branches several times a year, and after careful drying in the sun, are packed in bundles for future use.

Miscellaneous.


English physicians have adopted a new course in treating consumptives. Instead of sending such patients to mild, moist climates, like the South of France, where the effects are palliative but not remedial, they have come to the conclusion that dryness of atmosphere is a grand requisite, and Switzerland is now selected as the sanitarium, and, it is said, with surprising results. In numerous instances, patients who were in England rapidly declining, on being sent to elevated places in Switzerland have begun at once to recover, and in a few weeks have not only become free from hemorrhage, but have gained flesh with extraordinary rapidity, taken part in active amusements, and practically ceased to be invalids.

One ounce of Kennedy's White Pinus Canadensis and seven ounces of water, is a cheap and satisfactory treatment for gonorrhoea, used as an injection three or four times a day.—*Brief.*

FLUID EXTRACT OF HEMLOCK BARK.

ABIES CANADENSIS

FAC-SIMILE OF BOTTLE LABEL.

<p style="text-align: center;">GEDDES' FLUID EXTRACT <small>OF</small> HEMLOCK BARK. <small>(ABIES CANADENSIS.)</small></p>  <p style="text-align: center;">HIGHLY CONCENTRATED FOR PHYSICIAN'S USE.</p> <p style="text-align: center;">Price Fifty Cents per Bottle.</p> <p style="text-align: center;">GEDDES MANUFACTURING CO., BOSTON, MASS., U. S. A., Sole Proprietors and Manufacturers.</p>	<p style="text-align: center;">DIRECTIONS.</p> <p>FOR INFLAMMATION OF THE WOMB, VAGINAL AND UTERINE, LEUCORRHOEA, and other conditions of a similar nature. First cleanse the parts thoroughly with vaginal enema of warm water and white castile soap; this being done, use as a vaginal enema two table-spoonfuls of Extract to one quart of luke warm water, morning and night. In severe cases, use three times daily and oftener if necessary.</p> <p>FOR HEMORRHAGE OF THE BOWELS AND DYSENTERY. Use by enema ten parts luke warm water to one of Extract.</p> <p>FOR NASAL HEMORRHAGE. Use as a douche, ten parts cold water to one of Extract.</p> <p>FOR HEMORRHOIDS. Apply linen saturated with eight parts warm water to one of Extract; increase the proportion of Extract as the severity of the case requires. If internal, use same as for dysentery, by enema.</p> <p>FOR ALL SURFACE BLEEDING, as Cuts and Wounds, of every nature, bathe freely one part of Extract to eight of cold water, increasing the proportion of extract as the severity of the case demands, even to full strength.</p> <p>FOR CATARRH. Use as a douche, two table-spoonfuls of Extract to a quart of warm water. (In severe cases add one teaspoonful of Glycerine.) Snuff up the Nostrils and blow out freely, for at least five minutes, two or three times daily.</p> <p>FOR BURNS AND SCALDS. Keep the parts covered with linen, saturated with from four to eight parts water, to one of Extract.</p> <p>FOR CANKER OR SORE MOUTH. Apply one part Extract, to six of warm water.</p> <p>FOR TONSILLITIS AND ALL FOLLICULAR INFLAMMATORY CONDITIONS, use as a gargle. The Physician will decide for himself as to strength and frequency.</p> <p>This extract should be kept corked and in a cool place. Whenever the Extract comes in contact with the Patients clothing, same should be washed out in cold water. Hot water will set the color and produce a stain.</p> <p>Physicians will observe that this Extract is highly concentrated, and that it contains nothing but what is extracted by our processes from the bark of the common Hemlock (Abies Canadensis.) The above directions are simply a basis from which the physician must use his own judgment regarding the strength of the Extract to be used. We would respectfully suggest the great necessity of thoroughly cleansing the parts before applying the Extract, in cases of vaginal and Uterine Leucorrhoea, and all inflammatory conditions of the mucous tissues, this is absolutely necessary in order to receive the full benefit of the Extract.</p>
---	--

WE will send to physicians one bottle free on application, and we trust all physicians who desire to use our goods will insist on their druggist placing same into stock, as we will furnish direct one dozen at regular price, \$8.75, express prepaid. All communications should be addressed to

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CONTRIBUTIONS TO THE TREATMENT OF LEUCORRHOEA WITH
EXTRACT OF HEMLOCK (*Abies Canadensis*.)

BOSTON, MASS., Dec. 11, 1883.

The Geddes Manufacturing Co.

Gentlemen:—I am using your Fluid Extract of Hemlock in various cases of leucorrhœa, gonorrhea, tonsillitis, etc., with happy results. One case of leucorrhœa which had *always resisted every other treatment* has yielded to this and is almost well.

Respectfully,

CHARLES K. CUTTER, M. D.

CHARLESTOWN DISTRICT, 200 Main Street.

CALAIS, ME., November 25, 1882.

Gentlemen:—Replying to your valued favor of the 21st inst., beg leave to say that I employed your Fluid Extract in a case of chronic and *very severe* leucorrhœa with most satisfactory results. I have also used it in milder forms of that troublesome complaint with gratifying results. I consider Geddes' Fluid Extract of Hemlock a very fine article.

Yours very truly,

D. E. SEYMOUR, M. D.

MONTICELLO, ME., February 16, 1884.

Gentlemen:—I used the sample bottle of the preparation known as Geddes' Fluid Extract of Hemlock Bark, in a severe case of leucorrhœa, and the result was like magic. I believe it is the best preparation for this complaint that was ever used, and it should be highly esteemed by every physician in the land.

Respectfully,

C. L. HAYWARD, M. D.

COOKSVILLE, MISS., Feb. 27, 1884.

Gentlemen:—I received the sample bottle of Extract of Hemlock, and put it to a severe test as you requested.

First, a bad case of leucorrhœa, with the happiest results.

Second, a case of vaginitis, which was relieved in three days.

Third, a case of chronic dysentery, which I used in conjunction with Hyderastus and Tinct. of Myrrh, per enema, *relieved in four days*.

With respect I remain yours,

T. B. SWIFT, M. D.

MEBOER, MAINE, Feb 26, 1884.

Gentlemen:—I have given your Fluid Extract of Hemlock Bark a thorough trial in cases indicated, and can say that I have never found anything during my professional experience that equals it. I have applied it in leucorrhœa, piles, and in one case of ulceration of the womb, with perfect success. Also in one case of canker of the mouth, where it had eaten the gums so that the teeth were loose, it effected a perfect cure. I am now using it in several severe cases of chronic catarrh, with good results.

Most sincerely yours,

V. R. PERKINS, M. D.

EXETER, MAINE, Dec. 29, 1883.

Gentlemen:—I used the sample bottle Extract of Hemlock in a bad case of vaginitis, with *very* good result.

Very truly yours,

F. N. WHEELER, M. D.

Messrs Lindsay & Blakiston's Physician's Visiting List for 1885 has made its appearance. This valuable little book has been too long before the medical profession to need commendation from us. But, briefly, we will say it is inferior to none. The prices range from \$1. to \$3. according to the number of patients visited, from twentyfive weekly to one hundred weekly. Published by P. Blakiston, Son & Co., Phil., Pa.

The will of the late Dr. John Dix provides that the Perkins Institution for the Blind, at South Boston, shall receive the sum of \$10.000, and the Massachusetts Medical Benevolent Society the sum of \$2.000. Provision is also made for summer excursions for the sick or poor children of Boston.

We still make the offer to send the JOURNAL for one year, and one of Leonard's Pocket Day Books, for the publisher's price of the Day Book alone—one dollar. Avail your-self *now* of the opportunity to get a wide awake, practical Medical Journal for one year, FREE.

MESSRS. B. KEITH & Co.—For many years we have been familiar with the excellent preparations of this New York house. There are not more enterprising and conscientious pharmacists in the country. Their concentrated preparations commend themselves at once to the profession, and especially to the country practitioner, who, from necessity in many instances, must be druggist as well as physician. The convenience in form of their preparations are all that can be required.—*Brief.*

If the few eclectic lambs who are craving the honor (?) of lying down with the allopathic lion under the protection of medical laws, succeed in their efforts, the probabilities are that they will wake up some morning only to find themselves in the lion's belly.

Hydro-chlorate of Cocaine, the new anæsthetic, was recently tried at the Maine General Hospital upon a man seventy-five years old. The operation, which was the removal of a secondary cataract, was a complete success, the patient feeling no pain whatever.

Pruritus Ani and the distressing itching of urticaria and mosquito bites can be much alleviated by local applications of listerine.

Dr. J. A. Greene, Boston, Mass., says: "I have used DELPHINIUM COMPOUND considerably of late with very gratifying results. As a nerve tonic for either sex, I have found this compound excellent."

Journal's Circulation

Advertisers are informed that the JOURNAL's circulation is not exceeded by any other medical journal of its age. This month the number issued is 5000.

Physicians wishing to Buy, Sell, or exchange Medical Practices, Locations or properties, in any part of the United States or Canada, should send stamp for particulars to W. H. Merry, M. D., Montreal, Canada.

OLD SUBSCRIBERS, PLEASE RENEW YOUR SUBSCRIPTION TO THE JOURNAL.

The Royal College of surgeons, in England, will receive nearly a hundred million dollars from the estate of the late Sir Erasmus Wilson.

Dr. J. Collis Brown is dead. He was formerly a member of the British army, and devised the combination called "chlorodyne" for the cure of diarrhoeal disease. It is reported that this remedy secured for him a large fortune, as it was kept as a secret medicine.

Dr. B., after having bought a lot in the Montparnasse cemetery, went to the marble cutter to order a tomb. After the details of the work had been arranged, the marble worker remarked: "Monsieur did well to select this cemetery, it is so quiet, and then Monsieur le Docteur must know many a good people here."

EASTERN MEDICAL * JOURNAL.

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—== EDITED BY ==—

A. J. MARSTON, M. D.

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1885.

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Eastern Medical Journal,

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— IN THE INTEREST OF —

PRACTICAL MEDICINE AND THE ALLIED SCIENCES.

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VOL. IV.

JANUARY 15, 1885.

NO. I.

[For Eastern Medical Journal.]

A Suggestion.

EDITOR EASTERN MEDICAL JOURNAL.—Observing your candor and liberality in giving freedom to writers on both sides of the question on Medical Practice and Legislation, I desire the courtesy, to present my *crude* opinions in regard to this vexed and *vexing* question.

I have read with some interest and care the two articles in your November No., entitled, "The Regulation of Medical Practice," by "Justice" of Boston, Mass., and the other on "Medical Legislation."

It seems to me that this crying evil about medical legislation is in a nutshell, and all that is wanted to adjust the difficulty between the schools, is, to establish a sharp, and well-defined distinction between the orthodox *regular* medical healer, and the mere educated *irregular* pretender. To reach this—would settle the dispute, and satisfy the *ancient* school. If the public could be but "protected," and clearly understand the *real* physician from the *artificial, paradise* would be "*regained*." I think that I have hit upon the plan. But, before scattering my ink-rops, I venture to say, that if I have found the golden mean, and shall terminate this *fratricidal* and *un-American* strife, surely I ought to be dubbed "Kt. of Malta," or some other island of the sea, or at least regarded as a good "Samaritan." •

Well, I will outline my plan. And it is, for all *graduates* of legally chartered *regular Allopathic* Schools, to embellish their names with a full array of classical and medical honors,—both before and behind their names, *prefix* and *postfix*, thus:—"DR. W. DELACY FITZNOODLE, A. M., (Oxon.); M. D., (Dublin); L. L. D., (Cantab.); etc., Allopathic or Regular." Never mind the tautology. Mr. Editor,—it must be so, for the

sake of distinction, and to "*protect the people*" from the imposition quacks. Now, these ponderous and prolific titles, all *earned* and received in the most legitimate way, would at once distinguish the men of the *regular* School from the common horde of the base-born *irregulars*. Then, it would be right and just to give those eminent and learned men *priority* and *preëminence*. And, in every possible way :—by *legitimate* advertising, such as professional cards and circulars, through the mail or from house to house ; in the columns of daily and weekly newspapers, medical journals, college lectures, reviews of books, (*with all their titles*) ; proprietary medicines, surgical instruments, etc., particularly the *syringes* and *specula*. An elegantly engraved door-plate—with as many of the titles as can be crowded into the space, and this affixed to the office-door. A colored lamp with such dazzling names would heighten the effect and strengthen the "DISTINCTION," for this is what we must *insist* upon.

In contradistinction from the *regular* Allopathic physician.—I would suggest that graduates from all other *regular* (irregular) liberal schools, such as the Homœopathic, Eclectic, or Physio-Medical, should be restricted to the use of the *simple* but *significant suffix* of *M. D.*, and of course, have no *prefix* of "*Dr.*," but be styled thus :—"JOHN THOMAS, M. D.," Eclectic.

Now, for practitioners or quacks (*without diplomas*) of any or all the schools; they should be content, as all other common men are, with plain and unornamented names, thus.—"*James Fones*," Allopathist or Regular, (according to choice.) ; "*Richard Smith*," Homœopathist ; "*Fohn Thomas*," Eclectic ; or "*K. Kooc*," Physio-pathist. Being plain birds, of raven-black, they would not aspire to the peacock's gaudy tail.

Now, Mr. Editor, does it not strike you that my plan fully carried out, would create the much-desired reparation between these rival schools ; and by preëminence accorded to the "old school, the dear "*people*" could not then be imposed on by the irregular and illiterate of the aforesaid liberal and progressive schools.

I hope that I have not wearied your readers, but if a little thing like this, should be the *desideratum*, it may prevent a great many sins being committed this coming winter, against the sacredness of man's personal rights, and the cause of truth and JUSTICE. And it will protect our Country from a monstrosity in legal tyranny only paralleled by the Spanish Inquisition. And best of all, it would help to usher in a medical millenium, for "the wolf to dwell with the lamb, and the leopard lie down

with the kid ; and the calf and the young lion and the fatling together ; so that a little child might lead them."

Excuse my *crudeness*, for I was brought up and educated a *regular*, "after the strictest sect," in the "old country,"—but being a *prodigal* from the *ancient order*, must now subscribe myself,

ECLECTIC VERDANT., A. M., M.D.

[For Eastern Medical Journal.]

Tongaline.

EDITOR EASTERN MEDICAL JOURNAL.—My first use of Tongaline was in a case of severe Muscular Rheumatism which I was called to treat July 10, 1884. I treated the case for four or five days in the usual way, but the pain and swelling of the right arm was so intense that the patient fainted five times in twenty-four hours. I administered morphine, and the husband gave McMunns' Elixir of Opium, twenty drops at a dose, and in an hour afterwards gave ten more, which made a slight impression on the pain. I then concluded to try Tongaline and I wrote for three ounces, and ordered it to be given in teaspoonful doses every hour until pain subsided. The first dose gave considerable relief, and the second teaspoonful relieved her so much that she went to sleep and slept for more than four hours. I then ordered tongaline in teaspoonful doses three times a day, and in two weeks my patient went with her friends to a picnic.

A maiden lady aged 52 years, some four or five years ago, was taken with Epileptic Convulsions. She came into my hands in March, 1884. For a while I treated her with Brom. Pot. and Brom. Ammonium mixtures with tolerable good results, she having a number of convulsions at intervals of about four weeks. An eruption breaking out upon her face, caused her to omit taking any more of the bromides. I told her I thought I could change her medicine by giving her as a substitute a nerve tonic, to which she consented. So in July I let her have some of the preparation of Tongaline and she commenced using it in teaspoonful doses twice a day, occasionally carrying it up to three teaspoonfuls a day. Her convulsions were gone for nine weeks, and her general health improved so much that she was perfectly delighted, and said she felt better and more like herself than for a long while. I do not think she has had any convulsions after those she had at nine weeks. If so, it will pay some of your readers who are so unfortunate as to have Epileptic

Convulsions to treat, to try the remedy. I would not hesitate to give it in teaspoonful doses and continue it as often as once in two or three hours.

W. C. BATES, M. D.

HEMPSTEAD, L. I.

[For Eastern Medical Journal.]

How I "Got Left."

EDITOR EASTERN MEDICAL JOURNAL.—I must tell you and the readers of your Journal, how the wind was taken out of my sails by a "little pill" doctor. I had been treating a little child of nine years for concussion of the spine, caused by a fall. The symptoms shown gave me fully to understand that my diagnosis was correct. My treatment was according to the regular authorities, but the patient did not improve but rather seemed to lose ground. She was in great pain at times, and the lower limbs had begun to show signs of paralysis. At the end of about three weeks another child in the house but not in the same family, was taken ill and a homœopathic physician was called to attend it. As my little patient was in great distress at the time he called, his attention was called to it, and opinion asked. He agreed with my diagnosis but told the parents that he could cure the little one. As my remedies had failed, and as I had suggested the matter of having council, they concluded it would do no harm to try him. A few drops from his pocket case was put in two tumblers of water with instructions to give a teaspoonful from them every hour in alternation. The result was the pains ceased in a few hours and the patient has steadily gained, until at this time, after two weeks of homœopathy, the child is up, dressed and about the house and talking of attending school.

A. SQUELCHED, M. D.

[Since receiving the above, and before we could publish it, we have received the following letter from the same party.—ED.]

EDITOR EASTERN MEDICAL JOURNAL.—I hasten to inform you that the remarkable effect of that homœopathic mixture was not permanent, and that I have again been called to the case which has been as bad as ever, but at present is on the gain. Feeling that these explanations will relieve the minds of the many readers of the JOURNAL, I subscribe myself,

ON TOP AGAIN,

[For Eastern Medical Journal.]

Treatment for Ascites Wanted.

A Subscriber asks the readers of the JOURNAL for a remedy or treatment for abdominal dropsy.

[For Eastern Medical Journal.]

A Word for the Journal and its Principles.

EDITOR EASTERN MEDICAL JOURNAL.—A word in regard to the Journal. I like it, and *better* since the establishment of the "Query and Answer box," and hope this feature may become more interesting as well as profitable to all your readers.

Your editorial "Medical Legislation" has the right ring for me. I look upon all "Trades Unions" with repugnance and would scorn to attempt to acquire by legislation, rights, that I would at the same time deny to the Knights of St. Crispin. Yet, practically, that is the very thing done. Let the Shoemakers "strike" and the "dear people" are indignant, the doctor joining with them in their execrations. Let the railroad employes refuse to work, and Society says, "you must labor, our rights demand it." So I might multiply my references until every trade was included in the list. Now it is not unfair to say, that the doctor, like his lay neighbor suffers at times inconvenience by reason of the "strikes" so called, and while he deprecates the acts of lawlessness on the part of workmen to "protect" themselves, he himself is overcome by the spirit of self protection and taketh unto himself others of his kind that they may protect themselves from others who are appropriating territory.

Medical Legislation had its inception in Ills., and I believed at that time (and do now,) that its object was to suppress all "irregulars" in that State. The idea of examining Eclectics and Homœopathics as doctors was not entertained by the allopathic president of the State Board of Health. While there might have been some feeling at that time, I assume at present "The lion and the lamb lie down together." I discover this great difference in the "unions," If a person is injured by any act on the part of a "Crispin," the latter is amendable to the law, but if a person dies because the doctor refuses to assist an irregular, verily he is not guilty before the law, because, the code is greater.

I am not so large as Profs Wilder and King, but I stand with them on this question, and want no legislation other than that which gives us *equal rights* with our neighbors, all things being equal. Hoping the Journal will continue to battle for the right, I am Fraternally yours.

JNO. A. HUTCHINSON, M. D.

PACHOGUE, N Y.

[For Eastern Medical Journal.]

Whose Medicines are Reliable.

EDITOR EASTERN MEDICAL JOURNAL.—Your article on “reliable medicines,” in the December No. is good. We, as practitioners, want nothing but *good* medicines, or, in other words, we cannot afford to prescribe *poor* medicines. My practice takes me over a large territory and among strange druggists so that I am somewhat at their mercy; but I have learned that a large majority of the druggists throughout the country keep in stock Parke, Davis & Co’s., preparations, especially all new preparations, and knowing the *uniform* good quality of the fluid extracts of this firm, I am sure of a good article, even when away from home, by getting their goods. I am aware that there are many fine preparations made by other drug houses throughout the country, but generally they make a specialty of one or two things, while on the other hand, Parke, Davis & Co. excel in *all* their preparations, so that one is safe in prescribing any thing prepared by this firm. The profession I believe do not appreciate the services this house has rendered them; but let them discontinue their labors for a year or two and the loss would be felt.

J. A. GREENE, M. D.,

BOSTON, MASS.

[For Eastern Medical Journal.]

Are we Understood?

EDITOR EASTERN MEDICAL JOURNAL.—Conversing with a friend upon the different systems of medical practice, I remarked that I was an eclectic in every sense of the word. “Well,” said he, “you wouldn’t treat a fever in that way, would you?” “Why not?” I enquired. “Well,” says he, “I don’t know and that’s why I asked you.” Then I enquired, “What do *you* understand by ECLECTIC, as applied to the practice of medicine?” “Why, using the battery, I suppose.” Thus I have found that many confound “*eclectic*” with *electric*, which is quite another thing. Eclectic, as applied to medicine, is in the fullest sense, *nonexclusive*. The eclectic physician considers, with due respect, the claims of all pathies and selects from each and outside of each, such remedies as science and experience have proved useful, whether it be electricity, water, vapor, air, sunlight, or medicines, either mineral, vegetable or animal.

As a school or medical sect, the *eclectics*, have medical colleges supplied with teachers, and all other requisites for as

thorough medical education as any medical school. They are also sanctioned by the state laws in the same manner as other medical colleges, and they therefore occupy a position of legal equality with other schools.

Camden, Me.

J. P. COWLES, M. D.

[For Eastern Medical Journal.]

Query,

EDITOR EASTERN MEDICAL JOURNAL.—I have two questions which I would like to propound to your many readers, if you will allow me a little room. Can a disease be infectious and not contagious? My reason for asking this question is, an old practitioner said to me one day, that "he believed diphtheria was infectious, but not contagious." Another question is reference to this same malady. Can one take true diphtheria from the local disease—diphtheritic sore throat? This last question seems to me to be one of considerable importance, as if such is possible, isolation and preventive treatment should be resorted to in both the true and the local disease. I hope some one of experience will answer these questions in the next issue of the Journal, and oblige,

A Young Practitioner.

Vinegar in the Treatment of Bowel Complaints.

In the October number of the *Monthly*, page 393, under the head of "a simple remedy in diarrhoea, etc.," the author says: "My simple remedy is worth knowing and remembering."

As the experience of the reader is invited, I will say, that for twenty-five years I have been in the habit of using vinegar either alone or in combination with other remedies, with satisfactory results in bowel complaints of both children and adults; particularly where there is a tendency to muco-purulent or muco-sanguinous discharges. In dysentery I regard it as one of the very best remedies in combinations with other therapeutic agents. I cannot now say where I first got the idea, but it strikes me that I either read it in a medical journal or in some domestic work. I have a very distinct recollection of a case treated in 1858 which left its lasting impression on my mind. In the month of August of that year, I was called one evening to go twelve miles away, to consult with two other physicians in a case of a child who was said to be dying of dysentery. On my arrival I found that the other physicians had abandoned the case as hopeless, and had gone away. The patient, a bright

little girl of three summers, was to all appearances in a state of collapse. The extremities were cold, the mouth and fauces dry, the teeth covered with a reddish brown sordes, extreme thirst with apparently no choice of fluids, so it was drink; the discharges from the bowels sanguino-purulent, and had been as frequent as every thirty minutes, during the latter part of the day; no radical pulse, heart's action quite feeble and irregular, skin pale and shrunken, in fact all signs of collapse were present. I ordered the child placed in blankets dipped in hot water and gave the following:

℞ Ch or. Soda. 2 drachms.
 Tr. Capsici. 2 fluid drachms.
 Vinegar. 8 fluid ounces.
 Boiling Water. 3 fluid ounces.

M. Sig.—A teaspoonful every five minutes as hot as the patient could swallow it.

Before one half of the mixture was given the child began to revive, the extremities became warm, the skin became natural in appearance, the sordes was washed from the teeth by the vinegar, and she had no more action from the bowels for six hours, and then it was of a bilious character mixed with the remnant of the offensive sanguino-purulent discharge. A few doses of quinine and Dovers' powders was all the medication she required in her after-treatment; with proper directions as to dietetic rules, she made a speedy recovery.

This was an extreme case and was so impressed on my mind, that I ever had the case and its treatment before me.

I have treated many hundreds of cases of mucous diarrhœa and dysentery with vinegar variously combined, and am seldom disappointed in its action.

In low cases of dysenteric diseases I am rather partial to the above formula. I have given adults ounce doses repeated every few minutes. Frequently there is a thin watery stool following the administration of this mixture, and when that is the case, I follow it with a full opiate which frequently ends the case.

I have not had as favorable results in the ordinary watery diarrhœa as in the dysenteric tendency of complaints, but it usually puts an end to griping and tormina.

In the dysentery of malarial origin, I have never found anything to stop the chilly sensations and painful discharges so nicely as the mixture above.

I can truly say "my simple remedy is worth knowing and remembering."—*W. H. Veatch, M. D., In Peoria Med. Jour.*

Eucalyptus as a Dressing in Surgical Cases.

In all surgical dressing the main features to be kept in view are simplicity and effectiveness.

By simplicity, I mean those that require no cumbersome or complicated means for preparation, that can be applied by the laity or if needs be the patient.

To be effective, they should limit or relieve pain, inflammation, check sloughing, prevent or limit, to the minimum, the formation of pus, disinfect and counteract the poisonous, offensive odors arising from decomposing tissues. Lastly, they should be as cheap as possible. This is the goal towards which all have striven during the past and are yet pressing on in search of.

When Lister brought out and demonstrated his manner of surgical dressing, when he so extolled the virtues of carbolic acid, it seemed as though we had "found a pearl of great price."

But time and practice demonstrated the complicated minutia as taught by him was not necessary.

That cleanliness and free drainage, with disinfecting application, were the ends to be sought.

That some persons were so unhappily constituted that carbolic acid was an irritant of such degree as to preclude its use.

Among these unfortunates is the humble subscriber. With him, be the solution weak or strong, the result is the same, the development of an eczematous eruption on the hands which was far from conducive to an amiable temper and caused a waste of words which have been put to much better use.

I then found that for cleansing purposes plain hot water did as well as the carbolized and the odor was much sweeter.

I then looked for something to replace the great disinfectant (carbolic acid). Iodiform, occupying as it does a prominent place in surgical therapeutics, was tried, alone, mixed with various substitutes in form of powder and in ointments of varying strength.

But the diabolical odor which hung around making life a burden to the sufferer and rendered him a nuisance to all in the vicinity bade me seek further.

I tried the various balsams alone and in varying instances with generally good results, but they were objectionable on account of their adhesive properties.

Eucalyptal preparations, occupying a prominent place as disinfectants, were tried with a result that surprised as well as pleased me, and so well have I been satisfied that I have used them almost exclusively ever since.

The preparation I have most used is the fluid extract, using it with various tinctures and with alcohol forming a saturated tincture.

The mixtures which I have found of the most use are with tincture opium, tincture ammonia and balsam fir, and mixed with cosmoline, making an elegant ointment.

In cases where there is contusion as well as laceration, the combination with tincture arnica give the best results.

In injuries of the distal phalanges when there is much suffering from the injury to the nerve filaments the combination with tincture opium relieves the pain. When there is laceration without contusion and incised wounds, I use it with alcohol. When first applied it produces a slight tingling and some slight burning sensation which soon passes away. I use it in the following manner:

First, carefully cleansing the wound of all foreign matter with water as hot as comfortable, not the scalding hot as recommended by some. Carefully examining all the soft tissues and placing them in the position that will least interfere with the circulation, then over it pour the solution, being careful that all the raw surfaces shall be bathed. Then apply over the whole a layer of marine lint which is to be kept moist with the mixture. The dressing is to be changed when the discharge makes its appearance at the edges, or there are constitutional evidences of imprisoned pus. Then remove, cleanse and carefully re-apply.

It being slightly astringent there is, during its use, a notable absence of the exuberant granulations so common in this class of cases. By its use I am fully satisfied that the period of convalescence is materially shortened, and there is a notable absence of those odors so common in these cases. Under its use when there is sloughing the sphacilated mass becomes mumified and is almost odorless. I have tried the preparation eucalyptal or the oil, but have found it was no better, while the cost was increased.

I might go on and give the treatment of various cases, but as that would be adding insult to your weariness I desist.

Since I read the foregoing letter before the Society at Springfield, I have found that this formula does the best:

R Fluid Extract Eucalyptus, two ounces,
M. Alcohol, six ounces.

When used with the other tincture, the dressing becomes hard and difficult to remove. This is obviated in the above.—

G. F. Beasley, M. D., in Journal of Medical Sciences.

Epilobium in Chronic Dysentery, Diarrhoea, and Ulceration of the Bowels.

My attention was directed to this medicine, through a medical journal, about six years ago. It was intimated by the writer that it was a specific in these diseases, and as I was then a great sufferer from chronic dysentery, I determined to try the remedy in my own case. To my astonishment, it acted like a charm, promptly relieving me of all the vexatious symptoms. The tormina, tenesmus, muco-sanguinolent dejections all left me, and I felt like a new man. True, I rigidly observed such dietetic rules as I had found by experience to be essential. And I am still very careful as to diet, but I seldom have a return of the old trouble. I suggested the medicine to physicians, who found it exceedingly beneficial in the treatment of these diseases. I have treated a number of very obstinate cases with this medicine, and always with marked success. The preparation employed was either the fluid extract, or a decoction of the herb. I have found by experience that the dried herb is almost inert. If the fluid extract is made from the green herb, it is nearly a specific in the diseases mentioned. But if the dried herb is used to make the fluid extract, it will disappoint the physician by failing to control the disease. The common name of the plant is the willow herb, but it is in no way related to the *salix albi*, as some suppose.

The National Dispensary has a short description of the plant, in which it is named the *Epilobium Angustifolium*, and described as being a perennial herb, four to six feet high, growing in low grounds in woodlands. Indigenous to North America and Northern Asia. It is demulcent, tonic and astringent, together with some other properties which render it not only an efficient agent in the diseases I have mentioned, but decidedly curative in chronic, irritable, or indolent ulcers, applied as a strong decoction. In some degree it possesses narcotic and anti-spasmodic properties, by which it promptly relieves the tormina in dysentery. Stillé and Maisch seem to attach very little value to it, doubtless because they have never seen it tried. But, as I have before stated, the dried herb is almost inert, and to insure satisfactory results the green herb must be used in preparing the fluid extract, or decoction. The dose from the fluid extract is from one to two drachms, diluted with water. In ulceration of the bowels, the remedy should be used by injection, and if the ulcer is near the sigmoid flexure, a long tube should be employed to conduct the medicine to the diseased part. I hope the readers will give this medicine a fair trial, and that it may prove as effective in their practice as it has been in mine.

I should have stated, if they cannot obtain the green drug, from which to make the decoction to be used in ulceration of the bowels, the fluid extract properly diluted with water may be used.—*A Patton, M. D., in Therapeutic Gazette.*

Examinations of Urine.

The microscopic examination of urine can no longer be considered as an "accomplishment," so far as the education of the general practitioner is concerned. Formerly, but few physicians ventured beyond the usual tests, with litmus, nitric acid, liquor potassa, etc., for determining the presence of albumen, or sugar, or at most bile; usually concluding that when albumen was present, and a diagnosis, sometimes erroneous, of nephritis, Bright's, or some other form of "kidney complaint" was carelessly made.

Now the usual average first course student learns how to apply the microscope in urinary analysis, and many of them are able to neatly find and mount tube casts, epithelium, the various normal and abnormal crystalline forms met with. I propose to give a few practical hints, such as I deem interesting to the busy practitioner, concerning the microscopic study of urine. It seems superfluous to state at the outset that in collecting urine for examination, care should be taken to have it clean, that is, to put it into a clean vial, and yet I dare say, a specimen of fresh urine brought to the microscopist in a clean vial is one of the rarest things we meet. Fibers of linen, cotton, hair, shreds from carpets, amorphous dirt, dust, oily and resinous particles, and I have seen the feet and legs of insects—a fly is no rarity at all—to be found in specimens of *clean* urine brought to the microscopist for inspection. . . .

After the urine leaves the meatus, or the vulva, it ought to acquire nothing in the way of addition, before it is placed on the slide or in the test tube, hence from the male the best way is to have it passed immediately into a vial which has been very carefully cleaned with pure water and allowed to drain. Women will usually wash a common glass tumbler cleaner than any thing else, but they will invariably dry it with a towel unless watched. The tumbler can be rinsed out, turned bottom upwards to drain, and subsequently used to collect the urine from the female patient, and it then can be poured into a vial previously cleaned and allowed to drain dry. In this way shreds, fibres, dust, and most of all, the usual atmospheric forms of bacteria that will be apt to mislead us will be excluded, and nothing

will be lost that the urine should contain, such as epithelium, pus or blood globules, soluble crystalline, albuminous or pigmentary elements, besides its reaction will not be disturbed. The vial should then be corked with a new *clean* cork and placed on the laboratory table to settle. The urine having been tested with litmus to ascertain whether its reaction was, *when passed*, acid or alkaline, and a careful analysis made within eight or ten, or at the farthest, within twenty-four hours. Decomposition begins very early, especially in mild or warm weather, and we have the morphological elements modified, as well as the salts broken down, as for example, the urates which, although they would be comparatively stable in pure solutions with water, are here so mixed with other nitrogenous compounds that they undergo rapid transformations into the salts of ammonia. Space will not admit of anything like a discussion of the chemical aspect of the subject.

With the microscope we may search, according to circumstances, for one or more of the following elements in freshly passed urine. Some of these are not inconsistent with health, while others are: uric acid crystals, mucous corpuscles, mixed with epithelial scales or cells; epithelial cells from the vagina, bladder, ureters or kidney; pus corpuscles, tube casts, spermatozoa, urates, tripple phosphates, or the so-called ammonio-magnesian phosphates; oxalate of calcium, phosphate of calcium, oil globules—occasionally—and still less frequently may we find tyrosin and leucin. The following practical rules may be considered worth remembering:

1. Sediment in the urine has but little significance unless deposited within twenty-four hours.

2. Albumin in the urine does not of itself indicate kidney disease unless associated with renal tube casts.

3. White crystals in the urine of various shapes are generally phosphates, except oxalate of lime which has its own peculiar shapes, either dumb-bells or octahedral crystals.

4. All reddish and red yellow crystals are uric acid *when the urine has acid reaction*.

5. All reddish and yellow-red crystals are urates (basic) *when urine has alkaline reaction*.

6. Epithelial scales may be present usually in moderate quantity in healthy urine, but when in excess and associated with pus-cells, tube casts, much mucus, or red blood cells, always indicate disease some where in the urinary tract.

7. Female urine often contains tessellated epithelium from vagina not found in urine of males.

8. Small hyaline casts, blood corpuscles and renal epithelium, signify acute catarrhal nephritis, generally large quantity albumen.

9. Broad hyaline casts, dark granular epithelium, oil globules signify chronic catarrhal nephritis, at first much albumen later less.

10. Pale hyaline and pale granular casts, with little or no albumen signify interstitial nephritis. . . . —*F. O. Stillson, M. D., in Ind. Med. Jour.*

The Night Sweats of Phthisis,

A recent number of the New York *Medical Journal* contains an account of a series of experiments, made by Dr. C. M. Caldwell, with a number of remedies usually employed for arresting the night sweats of phthisis, with important results. Each drug was tested in from fifteen to twenty-five cases.

Among the prominent ones tested were atropine, ergotine, digitalis, aconite, paracoto bark and salicin. A number of these proved efficient in arresting the cutaneous exudation, but a number of unpleasant results were discouraging to their established use for the requisite purpose.

For example atropine, while capable of arresting the sweats, provoked dryness of the throat, insomnia, anorexia and diarrhoea. Ergotine, a remedy strongly recommended by DaCosta, also exerted a pronounced influence upon the excessive discharge, but caused various unpleasant disturbances of the system, as nausea, colicky abdominal pains and other gastro-intestinal disturbances. Aconite succeeded in minute doses, without producing other unpleasant disturbances, but its influence finally ceased and the sweating returned without further response to its influence. Some agents failed to even influence the affection in the least.

The agent settled upon as most promising in its effects was the picrotoxine. It caused no unpleasant effects whatever. Administered to twenty consumptives, it checked the perspiration entirely in seventeen of the cases, or so far diminished them as to do away with any disagreeable sequences. A single full dose at bedtime was sufficient to control the sweating for twenty-four hours in the majority of cases. The dose recommended by Drs. Ringer and Murrell is the one hundredth and fiftieth of a grain, but this observer found it quite too small to act promptly and positively. One-fortieth of a grain at bedtime, and repeated after midnight, was the quantity usually employed.

The value of this agent in phthisical sweats will suggest its use in the protracting sweats attending other debilitated condi-

tions where a remedy is fully as important as in phthisis. As it evidently has an affinity for the sudoriparous glands and an influence to impart tone and energy to them, it ought to act well in any case of relaxation of these parts.

Picrotoxine is an alkaloid of the *cocculus indicus* which has some reputation among the homœopaths in menstrual colic and headache, cholera and other nervous conditions connected with the menstrual function. This use of its alkaloid is, however, comparatively new to them. Triturate one grain with forty of milk and administer a grain of this at a dose, or if a smaller dose is required increase the proportion of the vehicle.—*Cal. Med. Journal.*

Cocaine,

This apparently new alkaloid which has recently attracted so much attention as a local anæsthetic, appears to have been discovered by Dr. Samuel R. Percy, of New York City. "Dr. Percy read a paper before the New York Academy of Medicine, Dec. 2, 1857, on the mode of preparation, chemical and physiological properties of an alkaloid which he obtained from the leaves of the *erythroxylon coca* and called it *erythroline*. Two or three years afterwards Niemann, in Germany, described the same alkaloid under the name of cocaine. The record of Dr. Percy's paper is to be found in the books of the Academy, but the paper itself has been lost. There is no doubt Dr. Percy's discovery takes the precedence, and to him belongs the fame."—*Summary.*

Diphtheria.

I have seen several articles on diphtheria in the *Brief* during the last year, and as the treatment I use is different from any of them, I thought I would (with your permission) give your many readers the treatment I have used for the last six years, and have not lost a case in all that time. Yet I do not claim that it will cure every case, for I do not believe any treatment would do that. For a child five years old or less, I order:

- | | | | |
|----|-----------------------------------|-----------|-----------|
| ℞ | Potass Chlor. | | 1 drachm. |
| | Sulph. Sodæ. | | 1 drachm. |
| | Aquæ. | | 4 ounces. |
| M. | Sig: Teaspoonful every two hours. | | |
| ℞ | Specific Tinct. Aconiti. | | 10 drops. |
| | Specific Tinct. Phytolac. | | 20 drops. |
| | Specific Tinct. Baptisiæ. | | 20 drops. |
| | Aquæ. | | 4 ounces. |

M. Sig: Teaspoonful every two hours, alternating with the first.

If the tongue is heavily coated and the bowels costive, move them with rhei and small doses of podophyllin. If there is a scarlet eruption, as I have seen in several cases, I add twenty drops tinct. belladonna to the sedative. Do not swab or burn the throat. If the case is bad, apply a flannell cloth, four-double wet in cold cider vinegar, to the throat. If you have not a treatment that is satisfactory, try it, brethren.—*Wm. Hulse, M. D., in The Brief.*

Elaterium.

A precipitate from the juice of the fruit of *momordica elaterium*. Contains an active principle called elaterin, a bitter, acrid, colorless agent, soluble in alcohol and chloroform. Also contains eleteric acid, prophetin, etc. A tincture is manufactured by some of our chemists which represents one part of elaterium to each one hundred. Dose, 1 to 2 minims. A trituration, 1 part in 10 of milk sugar; dose, $\frac{1}{4}$ to 2 grains every four hours until bowels move, then $\frac{1}{4}$ to 1 grain as required.

Therapeutical Uses.—Elaterium causes copious, watery, alvine evacuations, and is highly prized by many in the treatment of acites, anasarca and uremia. Also in acute catarrhal inflammation of the neck of the bladder and urethra, with great pain and soreness, and passage of pus, or muco-pus. My own experience with this remedy has mainly been in cases of acute gonorrhœa, with painful micturition and great hyperæmia of the affected organ. Few remedies, if any, will be found more effectual than this to allay the swelling and pain, and to prevent chordee. I prefer the trituration, and give it in small doses, just sufficient to keep the bowels moving two or four times a day. Plethora of the brain, occurring with persons of full habit of body, may be quickly relieved by elaterium.—*Med. Times.*

Stone in the Bladder and Kidneys.

I have had under my care a case that possesses features of interest. Five or six years ago I was called to see Mrs. R., age about thirty-eight, symptoms denoting stone in the bladder, which was verified by exploration.

Assisted by several physicians, we succeeded in extracting a large calculus. Her health remained fairly good up to this spring, when she again commenced suffering severe aching pains

in her kidneys accompanied by considerable general irritation of the urinary organs and ascites, probably resulting therefrom; vainly seeking relief by the advice of friends in the use of certain well known patent medicines, much of which had been used before medical attendance had been sought. A careful examination of the bladder revealed no stone, but suspecting one in the kidneys, I prescribed Lambert's Lithiated Hydrangea in one or two drachm doses four times daily, and before eight ounces had been taken, more than twenty small calculi were passed, having the appearance of being components of one calculus dissolved and disintegrated. So far as the pain in the kidneys was concerned, her relief was immediate, and the dropsical condition materially improved. This relief continues permanent, and indicates the efficacy of Lithiated Hydrangea in such extreme cases, as well as in all morbid urinary conditions, for it has never yet failed in my hands.—*J. M. Armstrong, M. D., in Peoria Medical Monthly.*

Sacro-Peptones.

In a singularly distressing case, which has been under my observation, I have observed remarkable results from the use of sacro-peptones. The case was one of neuralgic dyspepsia. The patient was unable to assume a recumbent position, and was troubled with constant eructation of gas. He was literally starving to death, through inability to retain anything on his stomach for longer than from one to three minutes. He had tried the various foods and peptonized preparations on the market, without avail. After putting him on the sacro-peptones he rejected a portion of the first three or four doses administered. But after this his stomach became quiet and he retained the preparation without difficulty. Although he has now been taking sacro-peptones continuously for a considerably length of time, they have not become distasteful, as is too apt to be the case in most other forms of peptonized beef. The case is a chronic one, its duration extending back ten or twelve years, which fact makes the success of the sacro-peptones all the more remarkable.—*Joseph A. Treat, M. D., in Therapeutic Gazette.*

COCAINE is being used by other physicians than oculists. Dr. Bosworth has met with very good success in its local application to the nasal fossa in the removal of polypi and enlarged turbinated bones, and we heard only a few days ago of its having been used in an operation for the removal of hemorrhoids, in both instances with great success.—*Med. News.*

EASTERN MEDICAL JOURNAL.

A. J. MARSTON, M. D., Editor.

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While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by the editor, it will gladly receive for publication any practical hints, suggestions or information that will make it more interesting and valuable to its readers.

Diphtheria

During the last three months, to the present time, diphtheria has been prevalent in this city. In one week there were forty-one cases reported. However as there were but seven or eight fatal cases, we presume all were not typical ones. Diphtheretic sore throat has been common, and we believe such have been reported as true diphtheria. The part of the city where a large majority of the cases were, is located upon the side of a hill and at quite an elevation from the main portion of the town. A casual survey of the land would lead one to think it a healthy place. The buildings are not old; in fact the whole collection of houses have been built within a few years.

But here is the mischief: the entire hill is ledgy, the soil being seldom found over three or four feet deep. The result is the filth remains near the surface to propagate and feed the germs of disease. People are getting to shun the locality, having learned (many of them by bitter experience,) it to be an unhealthy locality.

We have been called upon to treat quite a number of diphtheritic sore-throats and two or three of the true type, and, fortunately with no deaths to report. Our treatment has been simple compared to the usual methods employed. For the fever we give aconite or veratum, according as the pulse is small and feeble or full and bounding. For the local trouble, phytolacea, baptisia and chlorate of potash; the latter as a gargle. A flannel is wetted with vinegar and applied to the throat. On commencing the treatment, if we find the tongue heavily coated at the base, a thorough emetic is in order, and if the bowels are inactive they are to be aroused by a brisk cathartic. Alcoholic stimulation is not resorted to except in extreme cases, to tide over periods of prostration. Quinine, ditto.

There may be cases where this mild treatment would not be effective, but in these recent cases it has served well. We would be glad to have the JOURNAL readers send us their experience with this disease and give their method for treating it.

We desire this magazine to be the medium through which to exchange the thoughts of its readers, thereby being of real practical service to the practitioner.

Remarkable if True.

At a meeting of the Chicago Medical Society, the subject of "Burns and Scalds" was brought up, and one of the members reported (according to a certain medical journal,) a case as follows: "A man named J—— C——, was employed as night watchman, and making his usual circuit, he discovered that the gas in a certain place was not turned off. He lit a match and was immediately blown out of the room, and another explosion following this taking him in the back and *completely denuded him*. He jumped into a hack and came to his office. He *had put his hands into his pockets*, and in taking them out pulled off all the skin." . . . It must have been a remarkable sight to see a man "perfectly denuded" with his hands in his pockets!

The Medical Legislation Question.

We have decided to discontinue, for a time at least, further discussion of the subject of Medical Legislation. We have opened the pages of the JOURNAL to those of opposite opinions, and we have said our say. Now let us turn to things of more practical importance. Dr. Pitzer says we are going to have the laws any how, and that we had better train with the regulars or we may "get left." We don't want to drop the discussion for that reason, but we really think the JOURNAL readers have got enough, *i. e.* most of them, and so, while we have several communications on hand, at present we propose to keep them "pigeon holed" until a more propitious season, when we may launch them forth.

Give us something pertaining to the practice of medicine, brethren.

The books advertised to be given with the Journal are sent from the publishing office; *i. e.*, on the receipt of one dollar we enter the name on our list of subscribers for one year from date, then *at once* send the name and address to the publishers of the books, who on its receipt mails the book, and charges to our account. This will explain the seeming unnecessary delay of the books to those in New England, who are expecting it to come from our office. If, after a reasonable time the books fail to appear, a card sent to us to that effect will put us on the track of the difficulty.

Thanks.

We desire to thank our readers, many of them, for their promptness in sending in their subscriptions. During the last two weeks we have received more new subscribers than in any month previous. This encourages us much and we begin the new year with renewed strength and spirit.

It will be noticed that we have made some changes in the Journal, which we trust are for the better; but we must have the assistance of our readers to make it thoroughly practical. Do not hide your light, but impart it to others through our columns. Every practitioner has something of value to give; write it down and send it to us. If you desire information on any subject pertaining to medicine, write for it. Briefly, let the Journal be of service to you in your labors. Short articles and to the point are the ones read—the long ones are laid by until “tomorrow,” which never comes.

We extend thanks to Messrs Parke, Davis & Co., Detroit, Mich., for a very handsome New Years' card.

The suggestion is hereby given to some of our readers that *now* is a good time to subscribe for 1885. You will take greater pleasure in reading the Journal the coming year knowing it *belongs* to you.

Any one needing a pocket Day Book and Visiting List, will do well to consult our advertisement: “Extraordinary Announcement.”

Obituary.

Died, Dec. 7, at Boston, Mass., Henry A. Martin, M. D., who was a prominent physician of that city, and was widely known in connection with small-pox epidemics. He was born in England, and came to this country when young, was graduated from the Harvard medical school, and has since practiced his profession in Boston. In 1870 he brought to America cow-pox virus, from the stables of the French government, and began its propagation by means of a succession of young heifers, and it is in connection with the large business thus begun, and successfully prosecuted, that Dr. Martin's name is best known.

Miscellaneous.

—THE JOURNAL has increased its reading matter to twenty-four pages.

————THE RIGHT KIND OF AN ACCIDENT COMPANY. Seven years ago when The United States Mutual Accident Association of the City of New York was organized it promised an aggressive campaign against extortionate rates for accident insurance, and the rejection of just claims for indemnity and death losses upon strictly technical grounds. It has kept its promise, and by furnishing sound accident insurance at extremely low rates and adjusting its losses on a basis of fairness and justice, has built up a membership of twenty thousand, and carries to-day an insurance of One Hundred Millions of Dollars.

The United States Mutual Accident Association has adjusted and paid honorably and promptly over four thousand claims amounting to nearly half a million of dollars, at a cost to its members of only one-half the rates charged by stock accident companies, and invites all who appreciate honesty, economy and fair dealing to join its ranks. A \$5,000 policy with \$25 weekly indemnity costs members of preferred occupations only \$13 a year, which may be paid at one time or by assessments as they are made.

To become a member write for a Circular and Application Blank, and when received fill out your application, inclose \$5 and forward it to James R. Pitcher, the Secretary at 320 Broadway, New York, on the receipt of which a policy will be promptly mailed to you.

————A CORRESPONDENT thus writes: "Regarding the native treatment of diseases in India, one of the most curious things I ever witnessed was a half-clad native shouting through the streets of a country town: 'Does any one want back his sight? —one rupee only!' as if he were hawking fruits or sweetmeats; and, to my astonishment, a patient soon presented himself to be operated upon for cataract. There and then standing in the bazaar, the itinerant oculist took out his penknife and performed the operation in a few minutes, bound up the man's eyes, telling him to keep in the dark for a fortnight, received his fee of one rupee, and shouted his war-cry for more patients. The operation was almost unvaryingly successful; one instance among my servants being a woman of eighty, who had charge of my fowl-house, and had for many days been sightless, except to distinguish light from darkness, and who in this way was successfully operated upon.—*Chambers Journal*."

————A NEW medical college to be called the National University has been organized in the District of Columbia.

———PRURITUS OF PREGNANCY—PILOCARPINE.—“A country doctor.” writes to the *British Med. Jour.* that a single dose of one-third of a grain of nitrate of pilocarpine, by the mouth, served to bring on profuse sweating and salivation, with complete relief of intolerable and persistent itching, which had lasted throughout pregnancy and recurred after delivery.—*Va. Med. Monthly.*

———GENTIAL REFLEX.—Dr. E. W. Saunders reports, in the *Alienist and Neurologist* for October, 1881, four cases of paroxysms of abdominal pain associated with adherent prepuce. In each case a cure followed circumcision.

———GEDDES' EXTRACT OF HEMLOCK is still winning laurels for itself. As an astringent for leucorrhœa it is unsurpassed. We used it as an external application in a case of bleeding piles with the happy effect of giving prompt relief.

———SEVERAL new advertisements appear in this number of the Journal. We ask our readers as a special favor to mention *where they saw the advertisements*, when corresponding with the proprietors.

———FLUID extract of hamamelis for varicose veins is highly lauded, and, it is claimed, has made some gratifying cures in this department. A drachm is given three times a day.

———ATTENTION is called to the advertisement on the page facing this page of reading matter. This is an old and reliable house.

———DR. CARL SERLER, Lecturer on Diseases of the Throat, University of Pennsylvania, Philadelphia, Pa., says: “I have used a preparation called Bromidia, as manufactured by Battle & Co., of St. Louis, both internally and locally by means of a spray, in cases of throat affections, and found them admirably suited to certain cases.”

———PAINFUL HEMORRHOIDS.—R. Extract of Belladonna, iodoform, 3 i; acenite of lead, 3 ss; vaseline, 3 i. M. S. Apply three or four times daily.

The above will be found a most excellent application for painful or inflamed piles. The tumors should be bathed in cold water just before each application, and the bowels kept freely open with a gentle purgative.—*Med. Herald.*

Eastern Medical Journal,

Published Monthly by A. J. MARSTON, M. D.

— IN THE INTEREST OF —

PRACTICAL MEDICINE AND THE ALLIED SCIENCES.

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VOL. IV.

WORCESTER, MASS., FEBRUARY 15, 1885.

No. 2.

[For Eastern Medical Journal.]

Conservative Surgery.

EDITOR EASTERN MEDICAL JOURNAL.—I have often heard my father, his brothers, sisters, mother and other relatives, tell of his bruising his right hand when he was about twenty years old, and of the whitlow or palmar abscess that ensued, and the terrible inflammation accompanying it, so that the flesh sloughed off from the hand clear up to the wrist and his physicians wanted to cut off his arm, but he held on to it, and the flesh grew downward from the wrist till it covered the bones of the hand and fingers, and the nails grew on, and the hand was as strong as ever. The doctors said it was owing to his fine constitution, pure blood and temperate life that he lived through it. Thirty-three years ago, in Illinois, I told father that I was going to study medicine, and devote my life to the relief of suffering humanity, and he said to me, "Loring my boy, if you feel it your duty to study medicine, I shall bid you a hearty God speed, but I hope that you will commence at the foundation and study chemistry, for that is the foundation of all things material, and study also the human body, and remember always that God made men in His own image and don't cut a man to pieces to show your skill, but save every inch of flesh, and every joint of bone you can, and never forget this strong right arm of mine."

Thirty years ago this winter, I saw a surgical operation performed in the Commercial Hospital at Cincinnati, that seemed to me to be so utterly unnecessary, that I asked Prof. Wright, at whose side I sat, if there was any justification for its performance, and his reply was, "you must not find fault with good

judges." Three days later the post mortem examination showed the mistake in the diagnosis that led to the needless operation. Prof. Wright asked me if I had learned any thing from the post mortem, and my reply was, "yes, I have learned that if I ever become vain enough of my surgical skill to be willing to commit murder in order to exhibit it, I had better select a charity patient in a large hospital to operate upon."

Two years ago last August, while my Father, who was nearing his four score years, was visiting me here in Kansas, I was hastily summoned five miles distant to attend to a farmer whose foot had been crushed in the power of a threshing machine. Seizing my instruments, as I started for the patient, father said to me, "Loring, don't cut off that foot unless you have to, try and save it first, remember this right hand of mine." I did try to save that foot, or what was left of it, and though the big toe was ground off, and the second toe torn out, and the bones of the foot badly crushed, and the flesh lacerated and torn (if amputation had been performed, it would have been above the ankle in order to get sound flesh for the flap,) and erysipelas setting in on the fourth day, and the terrible hot weather, caused the mangled flesh to slough off till half the bones of the foot were uncovered; still the patient lived, and the flesh grew out over the bones that were left, and in a few months time he had so serviceable a foot that it takes a critical eye to detect any limp in his gait. While treating that case, I met a poor man of my acquaintance in one of our cities hobbling along on crutches minus one foot, and he exclaimed, "Oh Doctor! I wish to God you had been here three months ago, I had my foot crushed by a wagon wheel running over it, and the doctors who were called, gave me chloroform and when I woke up my foot was gone above the ankle." "Perhaps it was impossible to save it, was my reply."

The latest surgical mania appears to be for spaying women and girls, particularly young virgins, and as it is raging among the "regulars" of Kansas City, it will not be long before the Kansas Legislature will be asked to amend the law relating to divorces so that they shall read, "Having been spayed before marriage, without the husband being apprised of that fact, shall be a just cause for divorce." In my waking hours I sometimes dream of a courting scene in the future, between a western gentleman and an eastern lady, in which the conversation runs something like this: "Miss Doolittle, have you been spayed?" "S-i-r?" "Have you undergone Ovariectomy?" "Please explain yourself Mr. Blunt." "I desire to be informed Miss Doo-

little, whether or not you have been Oöphorectomised?" "Certainly I have, Mr. Blunt. A council of respectable and regular physicians was called by my parents when I was a child, to consider the nervousness manifested by my three older sisters and myself, and the operation of Oöphorectomy was performed upon all four of us by that eminent Surgeon, Prof. Cassius Fitz Greene Browne, A M., M. D.; my older sisters all died because they were not operated upon early enough in life, so the doctors said, and they unanimously agreed that where parents neglect to have their girl babies Oöphorectomised, it ought to be done by the city surgeon appointed for that purpose, to prevent the thousand and one diseases that assail girls who grow up to womanhood as their Creator made them, they said further, Mr. Blunt, that it should no more be neglected than vaccination, and certainly my own case proves the truth of their assertion." "I will thank you for my hat, Miss Doolittle, good night." "Good night, Mr. Blunt."

Perhaps I'll someday tell my younger brethren how I treat ovarian diseases without Oöphorectomy.

J. L. FURBER, M. D.,

APPANOOSE, KANSAS.

Pneumonia.

We are willing to admit that proper exercise, under proper conditions, increases the capacity for exercise. Would it not be well to act upon this idea, and formulate our experience for the benefit of each other? Now is the time for pneumonitis, and perhaps no more appropriate subject could be selected upon which to compare notes.

During the winter 1879-80, I treated thirty cases of pneumonitis in which the pathognomonic symptom of rusty expectoration was present, and in the winter of 1880-81, twenty-nine cases with the same diagnostic sign. I acted upon the theory that pneumonitis is a self-terminating disease, and the chief indication is to keep up the strength of the patient until the disease had spent itself, when nature would assert her curative power.

My plan of treatment, with variations to suit individual cases, was as follows: Quinine in doses ranging from gr. ii to gr. xx, every three to six hours; milk and whisky every hour.

The following is a *facsimile* of directions given for administration thereof. "Take four tablespoonfuls of milk or cream and one of whisky, and give one tablespoonful of the mixture every hour. If the pulse grows weak at any time, increase the whisky."

Double pneumonitis was present in two of my cases. One patient with the disease in both lungs, took O. j ss whisky every twenty-four hours for seventy-two hours, without feeling the slightest symptom of intoxication. An experienced nurse cared for this case, and recovery was due to the excellent judgment used in the administration of the stimulant. One case of the fifty-nine died. On the morning of the eighth day of the disease, the patient was sitting up in bed, drinking tea, when I entered the sick chamber.

I insisted that a certain amount of stimulant be administered during the twenty-four hours. No stimulant was given. At 6 p. m., the patient began to sink, and at midnight he was dead.

I was sent for and arrived a few moments after death. In the presence of several neighbors, I charged the wife (who was a fanatic on the temperance question) with the death of her husband, and was in turn severely censured for doing so. The next day a delicate adult, son of this family, was stricken with the disease of which his father perished. Strange to say, I was called to attend this case also. I insisted on a nurse of my own choosing. Primarily, the case was much more severe than that of the father's; but by the supporting and stimulating treatment, he recovered. The neighbors who watched the case closely, decided the charge was just and I received credit accordingly. I am a totaler in principle and practice. I do not believe that healthy men and women need stimulants; but I do believe that alcohol has an important place in therapeutics. . .

In this climate, adynamia is a prominent symptom of pneumonitis, and I firmly believe can best be combated by the early and continuous administration of milk and whisky.

In the winter of 1883-4. I saw a case of single pneumonitis in a pregnant woman, who was near the full time. On the fifth day of the disease she was confined. Within twenty-four hours after confinement, pneumonitis was established on the other lung; and in forty-eight hours after this occurred she was dead.—C. G. SMITH, M. D., in *The Index*.

[For Eastern Medical Journal.]

Opinions of Learned Medical Men on the Subject of Their own System of Medical Practice.

EDITOR EASTERN MEDICAL JOURNAL.—Thinking that the perusal of the opinions expressed at different periods in medical history by the learned advocates of the "regular" practice, would be gratifying to your numerous readers, I herewith furnish you with a transcription of a few of them for publication.

There can be no doubt but that thousands have been, and still are annually consigned to an untimely grave, besides a larger number that are doomed to linger out a wretched existence by the unnatural, unphilosophical, destructive treatment to which they are subjected by the *learned* pretenders of the healing art and their cohorts. Why is it that all the craft of almost every phase that disgraces humanity seeks to repose under the shelter of science? It is not, it cannot be possible that such a mass of incongruous experiments, made up of the most virulent poisons can ever claim a relation to science.

Almost every person feels impressed with the idea that science must be human knowledge, yet they may not have examined the title which the public generally accord to the teachers in our medical colleges.

Without any circumlocution, science may be said to be truth, not difficult to demonstrate. This being conceded, let us enquire what evidence is presented by the teachers in our colleges who teach their pupils, not a system of practice in accordance with the laws of nature, but a series of experiments in the use of these poisonous agents, the most sanguinary in their character and disastrous in their results, that they, as professors and teachers in medical ethics and practice are *scientific* men? Now for the opinion of these distinguished teachers of their own teaching, and the medical practice based upon that teaching.

"It is owing to our ignorance that there is any necessity for instruments to cure disease."—Abernethy.

"How egregiously do the greatest men err, whenever they substitute wit or specious arguments in physics, for observation and experience."—Dr. Buchanan.

"Among the numerous poisons which are in use for the cure or alleviation of diseases, there are few which possess more active or more dangerous powers than mercury."—Hamilton.

"Minerals exert a pernicious and baneful influence on the system; they seldom or never cure, but often destroy the patient."—Dr. Huron.

"Every physician must rest on his own judgment which appeals for its rectitude to reason and experience alone."—Gregory.

"An obstinate adherence to an unsuccessful method of treating diseases is self conceit, which generally proceeds from ignorance."—Hamilton.

"Our want of success in the treatment of disease, is our ignorance of a suitable remedy, and want of efficacy in the remedy."—Bush.

"Abominable is a murdering quack, who forever impatient to unsheath his blood thirsty lancet, draws from a fever patient the irreparable balsam of life."—Hume.

"The man who wantonly wields the bloody knife, for the sake of experience, or in a vain display of his adroitness, is a human savage, in whose breast soft pity never dwelt."—Dr. Cummings.

"Let us study the character of diseases, and let us study the effects of blood letting."—Dr. Hall.

"Mercury, the lancet and the knife, are almost the only means made use of to cure disease, notwithstanding their deleterious effects are fatal to thousands."—Dr. Rush.

"The popular belief that every country produces simple remedies suitable to cure all prevailing diseases, is not void of truth; vegetable substances afford the mildest, most efficient and most congenial remedies to the human frame."—Prof. Rafinesque.

"The flora of North America is astonishingly rich in remedies. There is no doubt that in most diseases, vegetable productions are the preferable remedies."—Prof. Waterhouse.

"If the Reformed System be a good one, let it flourish and progress."—Banner.

"We have not in any instance yielded our assent to authority, where it has been contradicted by our own experience."—Deweese.

"It would be highly advantageous to the medical profession, if the predispositions and occasions of disease were made a part of the education in our medical colleges."—Dr. Armstrong.

"The whole nation is groaning under the present practice of the medical profession, which fosters disease more than cures it."—Morrison.

"If medical truth doth any where manifest itself, seek not to smother it."—Hooker.

"All men ought to be acquainted with the medical art. I believe the knowledge of medicine is the sister companion of wisdom."—Hippocrates.

"In early times skill in healing was esteemed a part of wisdom."—Celsus.

"As health is the most precious of all things, the science of protecting life and health is the noblest of all."—Hoffman.

"Not only a reform in medicine is necessary, but a revolution."—Jefferson.

"The labor of ages perishes, before one single principle of truth. A general maxim properly established is of more value than ten thousand arguments."

"General principles may fail in particular cases, but they most always prevail in the general course of things."

The above are some of the most distinguished men in the profession. We should require no better proof of the uncertainty, the unreliability of the remedies in use in the "regular" practice, while their sanguinary and destructive effects are terrible.

L. H. BORDEN, M. D.

PATERSON, N. J., Jan. 1885.

Tenants May Vacate Unsanitary Houses.

A case has recently been decided in New York justifying the right of a tenant to vacate a house and refuse to pay rent on the ground of unsanitary conditions. The case was: "In a suit for rent claimed to be due from a tenant of a suite of rooms in an apartment house, it appeared that the tenant's wife and servants were taken sick by inhaling a malarial poisonous gas in the apartments occupied by them; that this unhealthy condition of the apartments was owing to a defective condition of the general plumbing work of the house, of which the landlord was notified by orders of the Board of Health, requiring him to have changes made in the plumbing work, and which unhealthy condition could have been removed if he had complied with these orders; that the defendant waited for two weeks, and finding that nothing was done on the part of the landlord, left under the apprehension that he was imperilling the health of himself and family by remaining." The case was appealed to a higher court and confirmed. It is hoped that the practice will become general.—*Sanitarian*.

[For Eastern Medical Journal.]

Soft Catheter.

EDITOR EASTERN MEDICAL JOURNAL.—It was my good fortune some few years ago, to listen to an entertaining and instructive lecture on the above subject, it was made more so from the fact, the lecturer spoke from personal experience. Although he may have been somewhat of an enthusiast in his claim that the soft catheter was the only instrument of the kind that ought to be allowed to be used, and no graduate should be allowed to practice medicine who would use any thing else.

Taking into consideration the amount of suffering the doctor had had to endure from the use of metallic instruments, it is little wonder that he spoke as he did. That the soft catheter is the preferable instrument in many cases, I am well convinced, and that many physicians do not use it simply for the reason

they have given the subject little or no thought. It has quite a number of good points to recommend its self. The most important is that little or no pain is inflicted. There is no danger of doing harm with it, and a patient or nurse can use it when a doctor can't be had. There are few things to be observed for its successful employment. The same general rules are to be observed with this as with the metallic instrument. First, the catheter is to be oiled, (the case to be operated upon is a male;) after the catheter has been inserted and made to advance a few inches, if it comes to a stop and will go no further, the thing to do is to withdraw the instrument, begin again and at this trial it may work all right. I have found this plan to work well, and in fact have never had to use the metallic instrument up to the present time. I do not claim that the soft catheter can be used on all occasions, for there are cases where nothing but a specially devised instrument can be used. But this I do believe, the soft catheter has many advantages not possessed by the metallic instrument, and it ought to be used more than it is.

J. P. BILLS, M. D.

HYDE PARK, MASS.

Extensive Burn Involving the Cavity of the Knee-Joint.

There are isolated cases in surgery, occurring now and then, which, from their peculiar history, furnish us striking proof that the time honored indications for amputation may be ignored, and the patient still recover with a limb nearly as useful as before it was injured.

The case upon which my remarks will be made, is one that I now have much pleasure in presenting to you, after a lapse of five years, which has alike tested the usefulness of the limb and the satisfaction of its possessor. The history is briefly as follows.

H. L. K., aged 41, married, native of Pennsylvania; occupation, a locomotive engineer; weight 212 lbs.; powerfully built.

On the night of October 21st, 1879, while he was driving his engine at a high rate of speed, with a heavily loaded train of freight cars, on a down grade, a cow was struck, derailing the engine, precipitating it, and many of the cars, down over an embankment into a narrow ravine, the freight cars being piled promiscuously upon and about the engine to a considerable number.

One of the brakemen was killed outright, and the other trainmen were more or less injured. When aid arrived at the scene of accident, the cries of the driver were heard beneath the mass of ruined cars, where he was fastened beneath the heated fire-box of the engine. It was found impossible to extricate him

from his perilous and agonising situation for three hours and twenty minutes; and, during this time, the fire was fiercely burning under the boiler of the engine, and the iron box containing it was resting, with all the superincumbent weight, upon his limbs, fastening them firmly in the soft earth upon which they rested. It can easily be imagined that the cooking process had ample time to be complete throughout its extent.

Some of the wrecking gang let down stimulants to him, of which he drank judiciously, though freely, preventing collapse. When the mass of wrecked cars was cleared away, the engine was jacked up, and the unfortunate man released.

As the company's general surgeon, I was despatched, with some of the staff, on a special engine to the scene of accident, and found the patient, with all the anterior and lateral surface of the left leg, about and below the knee, a mass of charred black, grey, and brownish tissue. With a probe, the tibia and fibula could be felt, surrounded by the mass of cooked flesh. The patellar to be raised up, and the knee-joint cavity looked into, the full width of this bone.

The superficial area of destroyed tissue was estimated at from 85 to 90 square inches about and below the left knee, with a depth nearly equal to half the antero-posterior diameter of the leg at the knee; from this point of greatest depth, it shaded off gradually downwards anteriorly, to a mere superficial lesion, eleven inches below the knee.

The patient was removed to his home, thirty miles distant, having positively declined hospital care and treatment.

The leg was placed in a fracture-box, and the wound well saturated with carbolised linseed oil, in the proportion of one drachm of carbolic acid to the pint; a warm flaxseed-poultice covered this, and the leg, kept *in situ* by being surrounded within the fracture-box with bran.

The dressings were changed twice in twenty-four hours, and all kept as sweet and clean as possible. Good nourishing diet with whisky, and occasionally a dose of morphia, was given him.

Traumatic fever ran high during the first six weeks. The dead soft tissues separating, left the bones (tibia and fibula) standing out in bold relief upon the copiously suppurating surface, and the knee-joint cavity open in its full extent anteriorly, from side to side.

The poultices were continued, but the fracture box was superseded by the use of a sheet-iron splint to the posterior aspect of the leg; the splint was made to fit accurately, from the glutei to the foot, and was well padded; in this, the limb was suspended at a comfortable elevation.

The question of amputation was freely discussed and advocated by about twenty or more surgeons who were called in consultation during the progress of the case. Not considering it prudent to risk an amputation, I dissented persistently, in the belief that a fairly useful limb could be secured, all of the strongly expressed differences of opinion in nowise involving any breach of the most friendly relations of all concerned.

The dead bones not separating as rapidly as I desired, on January 15th, 1880, with a mallet and very sharp chisels, I cut away, by piece-meal, a segment equal to half the antero-posterior diameter of the head of the tibia, carrying the removal of all the bone down the shaft to a point about eight inches below the joint; the head of the fibula, and nearly all of its upper third, I took away *en masse*. I took away a part of the first metatarsal and internal cuneiform bones of the right foot, which had also been burned at the time of the accident.

At the expiration of about ten months after the accident, the lesion was nearly healed, being much facilitated by skin grafting, as many as fifty to one hundred grafts being put on at once, at intervals. A few weeks later, he rode out, and soon began to walk with the leg supported in a perfectly straight position by a splint, as giving the greatest amount of coaptating surface to become ankylosed, this being our only hope for an useful limb, since all the extensor muscles had been burned away.

The man, twenty seven months after the injury, is hale and hearty; and, while the case, which must be regarded as unique, could have been presented to the profession at any one time during these four years past, I desired to wait a reasonable period, to ascertain what were to be the permanent results as to an useful leg. He has a better limb than any artificial one that can be made and adjusted to a stump by anyone, and, to use his own words, he "would not give his leg for all the artificial ones in the world." He can go up and down stairs, with ease, carrying anything that ordinary men can carry. He can walk unaided by either crutch or cane. The knee-joint is solidly ankylosed, and there is not the slightest doubt that the patient will, for many years to come, possess capabilities as a pedestrian that will put to test the best walker among the twenty or more professional friends who saw him in consultation with me during the course of his injury, and who honestly desired, without a single exception, to give him a good stump for an artificial limb.

Be that as it may, the patient is satisfied, and I am quite well satisfied, with the results of the most persistent piece of work

that I have ever done in connection with conservative surgery; and, for the satisfaction of the large number of my friends who so honestly differed from me, and expressed the opinion that amputation should be performed in accordance with all known rules of surgery, I quote Bryant (vol ii, see American ed., p.316), who says: "Excessive wounds of large joints, complicated with other injuries, had better be treated with amputation or excision;" and there is no lack of other high authority for the position my friends assumed in this case with reference to the question of amputation.

Druitt says that excessive burns, even of small severity, are always dangerous; and Gross says with reference to burns, that where extent of surface and depth are combined, death will occur without reaction.

In an interview with the patient two months ago, he informed me that he had just walked over from South Pittsburg and back to his home, a distance of three miles, and that his leg felt better for the exercise.

A short time ago he painted the front of his three story house, climbing in and out of windows; and he is about to seek a situation again as a locomotive engineer.

He has an useful leg that is ankylosed in the straight position, and which is capable of carrying him anywhere, and of enabling him to earn a livelihood in nearly any vocation in life.

Altogether, gentlemen, this is one of those rare instances in surgery where all the established rules for amputation have been ignored, and the best consequences have resulted, notwithstanding.—*W. H. Daly. M. D., in British Med. Journal.*

[For Eastern Medical Journal.]

Asthma.

EDITOR EASTERN MEDICAL JOURNAL.—Having been a subscriber of your JOURNAL from the first issue, I do not remember to have seen any article upon asthma, except now and then a recipe. As I am an asthmatic, and have suffered from the disease about thirty-five years, I thought I would try and see if I could produce an article that might be of service to some of my brethren, your readers. My first attack came on when I was a boy but the disease did not trouble me much until I was sixteen years old. From that time until I was twenty-six I would have occasional attacks.

After I commenced the practice of medicine I was called out evenings and nights, and from that time I began to suffer from

repeated and severe attacks of the disease, so much so that I began to try to find what was good to relieve and also cure it.

I can get relief by various medicines and inhalation. The remedies to be used depend a great deal upon the condition of the system, and many of the attacks come from taking cold and are complicated with symptoms of bronchitis and sometimes pneumonia, and this stage of the disease I find lobelia, vertrum viridu, iod. potassium, or anything which will produce nausea. When the disease is further advanced and we come to the stage of prostration, then we need stimulants and stimulating expectorants, with tonics. In this stage of the disease great relief can be obtained from Maltine, Fellows' Hyposphites, Hydroleine, Cod Liver Oil and such remedies.

A favorite formula of mine is: *R.* Maltine, 2 ounces; *Syr.* Hyposphites comp., 2 ounces; Either whisky or brandy, 2 ozs. *M.* *Sig.* A teaspoonful every three hours. I have tried grindelia rubusta but I cannot say that I have ever derived any benefit from it during the active inflammatory stage. Another prescription which always gives relief, is: *R.* Tr. Lobelia, 1 oz.; Iod. Potassium, 5 grs.; native wine, 2 oz., *M.* If this should not relieve in half an hour I would repeat, and so on until vomiting ensued, but I have never had to take the second dose.

I have taken Iod. Potassium in five grain doses for several years past, until it seems as if my system was completely under its influence, and I must say I have discontinued its use because I am afraid of it. Of all internal remedies I place more confidence in Tr. Lobelia than any other. Take one teaspoonful in a little whisky and sweetened water three times a day, or what is still better: *R.* Tr. Lobelia, 3 ozs.; Whisky, 6 drams; Sugar q.s.; Water, 4 ounces. *M.* *Sig.*: One teaspoonful every hour. I cannot tell why the diminutive dose acts so much better than the large one, but I know it is a fact from sixteen years observation. It may be a constant action is kept up by it which is cumulative in its progress and so undermines and eliminates the disease.

- Potassæ Nitras. dissolved in boiling water and the ordinary brown wrapping paper of the stores, moistened in it and then dried, has been one of my constant habits to burn nightly in my room for the past sixteen years, and I feel as if life could not be tolerated without it. In January, 1884, my attention was called to Rob't W. Gardeners' Syrup of Hydrodic acid as a remedy for asthma, and during the past year I have used considerable of it, in teaspoonful doses half an hour before meals, three times a day, with considerable benefit.

It acts as an expectorant, also as a cathartic, but I could not use it longer than a week at a time on account of its cumulative action. One season I tried cubebs by rolling into boluses or filling empty gelatine capsules and taking them every three hours. They acted as a fine expectorant, and once I thought I was going to be cured, but no permanent cure has presented itself,—nothing but temporary relief.

C. W. BATES, M. D.

HEMPSTEAD, L. I.

Treatment of Hemorrhoids.

Already there have been many good and reliable articles published on this subject. But, if I am able to throw one ray of light upon the pathology and treatment of this disease, I shall have accomplished my desire in full.

As to the causes of piles, they are many; but the principal one is constipation, and in our treatment we must not neglect to try at least to correct this condition.

A hemorrhoidal tumor being nourished by the hemorrhoidal veins, in order to cure them we must cut off the supply of blood to the part. This can best be done, as I have found by repeated trials, by the injection of medicine into the tumor. I have tried several formulas, but the one that I have found to excel all others is as follows:

R. Carbolic acid..... 1 oz.
 Creosote 20 drops.
 Olive oil.....
 Glycerine, of each..... 1 oz.
 M.—Unite by water-bath.

Inject from three to ten drops of this into the tumor. Pass needle as near base of tumor as possible without puncturing the gut, and pass the needle as near to the opposite side of tumor as you can without passing through the tumor. Inject and withdraw the needle a little; then inject again, etc. In internal tumors always pass the needle horizontally with the gut. If hemorrhage occurs, from puncturing the tumor with needle, apply cold water with sponge and compress.

Always reduce external tumors as soon as possible after treatment. Treat one tumor a week until all are removed.

In fistulas, fill fistulous track with this medicine and plug opening. In fissures, saturate lint with compound and lay in crack.

In treating hemorrhoidal tumors, if undue pain should occur,

use laudanum and sweet oil. If the patient is of constipated habits, have him use injections of warm water half an hour before going to stool. If weakness of sphincters, use weak solution of sulph. zinc.

This formula I have used over six years, and upon at least forty different patients without a single failure. I know what it will do when judiciously used or I would not ask its publication.

In reckless hands it is capable of doing irreparable harm ; and anyone not fully understanding the anatomy of the rectum, and the causation of hemorrhoids should avoid its use.

Its curative power is due to the coagulating of the blood supplying the tumor, and it atrophies instead of sloughing, as is the case with many of the popular remedies now used.—H. L. COK-
ENDOWER, M. D., in *Med. World*.

[For Eastern Medical Journal.]

Excerpts from Authors' Materia Medica.

ARUM TRIPHYLLUM,—(Indian Turn'p.)

Through the animal nervous system, Arum triphyllum acts upon the mucous membranes and the glandular system, especially upon the salivary glands, increasing secretions.

It acts powerfully upon the mucous membrane of the nose, buccal cavity, tongue, and fauces ; in large doses, it produces inflammation, and finally aphthous ulceration.

Upon the salivary glands, it produces congestion in large or toxic doses, and finally salivation, if continued.

PREPARATIONS USED.—The tincture of the fresh root is the preparation mostly used. It is hard to keep.

THERAPEUTIC USES.—In scarlet fever, or in catarrh, measles, or in all diseases where the nose is constantly discharging an acrid, ichorous fluid, burning the parts it touches, arum is directly indicated. Where the lips are sore, cracked and inclined to bleed, this is a valuable remedy, given in doses of 1 to 3 gtts. ter die. In inflammation of the mouth, this is also a good remedy. It is also applicable in putrid sore throat, also in quinsey. The dose is 1 to 5 gtts. every three hours.

I. J. M. Goss, M. D.

Extraordinary Advertising.

I have lying before me the "Philadelphia Press, Sunday, Dec. 7, 1884." At the head of the first column on the 12th page, I

read the following statement, displayed in large headline type :
“Physicians of Note. Six Prominent Practitioners of more than local repute.—Portraits and characteristic sketches of Doctors and Surgeons, and what they have done. — A few of Philadelphia’s representative Men.”

My dear reader let me announce the names, if you have not been favored with the *Press*. “Dr. D. Hayes Agnew, Dr. J. M. Da Costa, Dr. Thomas G. Morton, Dr. S. W. Gross, Dr. Wm. Goodell, and Dr. Bartholow.” Above each is a rude wood cut—decidedly rude! As a sample I quote the following: “Upon one occasion a patient was taken to the hospital on a stretcher. His condition was critical. No one volunteered to assert the cause of his suffering. Dr. Da Costa looked at the man for a moment, and said promptly and confidently: ‘He has an abscess of the liver.’ Then another look: ‘He has three of these abscesses.’ Sure enough, when the poor fellow died, he was dissected and there were found in his liver three abscesses!” I shall ever cling closer to my “Medical Diagnosis.”

Speaking of Dr. Goodell, the following bit of news, gossip and brag is given; “The reputation of Dr. Goodell in the treatment of the diseases of women entitles him to be mentioned in the same breath with such practitioners as Gaillard Thomas and Addis Emmet. He has performed ovariotomy more frequently than any other living physician.”

A space of two columns is given to the six wood cuts and twaddle of this kind given in the above extracts, in this Sunday edition.

When I saw the paper, I said “an enemy hath done this,” but as yet I meet with no denial from the “six prominent practitioners of more than local repute.” More than once I have mourned over my ethical sins when the code and humanity, not unlike Scylla and Charybdis, have stood upon my right and left, and in the presence of my brethren have said, “be merciful to me a sinner,” but after meeting with these sins of “six prominent practitioners” of Philadelphia. I went down to my home justified.—*Ind. Med. Journal*.

[For Eastern Medical Journal.]

Important Letter to the Medical Profession.

EDITOR EASTERN MEDICAL JOURNAL.—We desire to inform the medical profession through the columns of your Journal, of the great improvements recently made in our operating chairs. We have now perfected a chair which can but meet the appro-

bation of the gynecologist and surgeon. The "Eureka Chair" is now so constructed that it can be placed in any position required by the physician. The price is within the reach of every practitioner.

We hope to be able to present cuts, fully illustrating this chair, in the March number of your magazine. Until then we trust those contemplating the purchase of an operating chair will wait for particulars concerning our chairs, knowing that they will be fully satisfied both as to the workmanship, utility and price.

Respectfully,

EUREKA CHAIR CO.

WORCESTER, MASS.

P. S.—We are in receipt of a very large number of letters, asking for illustrated circulars. To these we desire to say that their addresses have been preserved, and the particulars concerning the improved chair will shortly be forwarded to them.

E. C. Co.

Listerine.

As a deodorant and antiseptic for the sick-room and dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds a agreeable aroma instead of an offensive odor to the surroundings; and is particularly well-adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as a agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and aphthous sores or a fungus condition of gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the strength of Antiseptics," by Dr. A. T. Cabot (*Boston Medical and Surgical Journal*, Nov. 27, 1879), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian*.

———DR. KLEIN, of London, to show his disregard for and lack of faith in Koch's bacillus has made a meal on them recently. The *British Medical Journal*, fully appreciating how ridiculous the affair is, states that every body in London laughs at the experiment.—*Canadian Practitioner*.

EASTERN MEDICAL JOURNAL.

Editor,

A. J. MARSTON, M. D.,

Worcester, Mass.

Assistant Editor.

C. E. NELSON, M. D.,

109 E. 35th St., New York.

WORCESTER, MASS., FEBRUARY 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

C. E. Nelson, M. D.

We take pleasure in informing our readers that we have succeeded in securing the services of Dr. C. E. Nelson, of New York, to assist us in the editorial work of the JOURNAL. Dr. Nelson is a gentleman eminently qualified for the position, being at one time editor of *The Planet*, an able medical monthly, and who has written for some of the most popular medical journals of the day. He has gained a high reputation as a physician and surgeon, having invented a number of instruments of value to the profession, one of which is a steel rectal bougie for dilating strictures. Dr. Nelson will give his own clinical experience and make reports of lectures given in his city from time to time. With this additional strength we can promise our subscribers a medical journal unsurpassed for the practitioner.

We believe we are not exaggerating when we assert that no other medical periodical in the world gives the amount of practical information for the price asked for the JOURNAL.

Mind Cures and Mind Diseases.

The latest "craze" in the treatment of disease is the "Faith Cure." Theologians, or "Christian Scientists," as they please to term themselves, have now come forward claiming the power to heal the sick by a method of their own. A superficial survey of the matter tends to convince one that this practice is working wonders. The number of "cures" that have been reported as resulting from this method is simply marvelous to those who have accepted such reports without investigation. We believe any intelligent person who will take the trouble to look into the matter carefully can be convinced that the mind cure is a myth. Having carefully noted the different "cures"

that have recently been performed in this vicinity, and the diseases with which the patients have been reported as having been afflicted, we feel certain that no *pathological condition* has ever been removed by these "Scientists."

In nearly every case which has come to our knowledge, the symptoms of disease was not sufficiently marked to make a correct diagnosis; while the cases in which this method utterly failed to influence—and there are many such, were those in which the pathological condition was well marked. Women are more susceptible to this power than men; weak minded more than strong. Many reported cures have proven to be only temporary. To use a slang term, they were relieved "*in their mind*," but not in their body. However, there can be a word said in favor of this mode of treating sick minds; no medicines are given, and therefore no permanent harm done.

The peculiar conditions, which seem to be susceptible to the "power" of the mind, are frequently made worse by the use of powerful drugs; even bringing about real diseases. We shall not, therefore, turn the "cold shoulder" to the "mind doctor," but suggest that he make a specialty of *mind diseases*, for with them only can he be successful.

We Must Protest.

TO BROTHER BLAINE OF THE *Medical Compend*:—When, in the December number of the JOURNAL, we took occasion to compliment your little magazine, we did not realize what would be the results. We gave you the "puff" out of the kindness of our heart, and we did not think you would return evil for good. You know what we mean, Brother Blaine, it is in reference to your *mutilating our editorials when you use them for your own*. To be sure you have left many of our profound sentences the same as when they came from our pen, but those you *did* change are what troubles us. We wrestled hard with that editorial you placed at the head of your columns as emanating from your fertile (?) brain, and to think you would serve it up in the manner you have, gives us the chills.

We present below the original matter as it appeared in the JOURNAL, in the October and December numbers, and opposite we give the matter *revised* as it appeared in the *editorial* columns of the *Compend*. We ask our readers if this is a proper way to treat a brother who has given a free "puff"?

First Editorial in the December No. of the Journal.

The Journal. Its Progress and Expectations.

The JOURNAL having reached the end of its third year, it is proper to give its readers some idea of its progress. Although contended by many obstacles during the first few months of its life, it succeeded in overcoming them, and from that time to the present it has made steady advancement.

Many periodicals have started in life under much more favorable auspices, yet have fallen by the way-side and have been seen no more. It is with pride that we assure our readers that the Journal is now established on a firm foundation, and that its future prospects were never brighter. With a circulation far above the average medical journals of even older years, we find that we have done well. *But we are going to do better yet*, and all we ask of our many readers is that they will assist us in our efforts just so far as we are deserving of it, both with their pen and with their purse.

We have to thank many who have manifested so cordial an interest in our welfare from the beginning, and we desire to say that our efforts shall be to still further merit their support. It is our purpose to make the Journal a vehicle of much that is of interest and value to the profession and to the public. We propose to maintain an independent position. Beyond whatever may be necessary for that purpose, we shall not harp upon pathic hostilities; and we hope to pursue a course, and manifest a

First Editorial in the January No. of The Compend.

The Compend. Its Progress and expectations.

With this, our January number we begin our second volume, as we wish each volume to begin with each year. It is with pleasing grace that we assure our readers that the COMPEND is now established on a firm foundation, and that its future prospects were never brighter, while each issue adds to our encouragement. Our circulation is now far in advance of the average of medical journals of even those of older years. This alone is encouraging, if not flattering, to say the least. We have only thanks to offer, and while the profession have done well by us in the past, to know that our labors have been appreciated, only prompts us to greater effort to do even better by our friends in the future. The cordial interest manifested in our welfare from the beginning, warrants our promise to still further merit their support.

We shall maintain our independent position, and beyond whatever may be necessary to make the COMPEND interesting and useful to each and all, we shall guard ourselves against "school" "ism," "pathy" or "ic," and shall pursue a course, and manifest a spirit which shall commend our Journal to the favor of all whose good graces are worth cultivating, and whose good opinions are the best evidence of its merits.

spirit which shall commend our Journal to the favor of those whose good graces are worth cultivating, and whose good opinions are the best evidence of its merits.

Editorial Note in December number of the Journal.

To New Readers.

We respectfully ask those who receive a sample copy of the JOURNAL to look it over, and if they think twelve such numbers are worth the price asked—fifty cents, to subscribe for the coming year.

Editorial Note in December number of the Journal,

We still make the offer to send the JOURNAL for one year, and one of Leonard's Pocket Day Books, for the publisher's price of the Day Book alone—one dollar. Avail your-self *now* of the opportunity to get a wide awake, practical Medical Journal for one year FREE.

Notice in the October number of the Journal.

To Advertisers.

We most respectfully call your attention to the EASTERN MEDICAL JOURNAL as an advertising medium. The Journal is no longer an experiment, but *An Established Success*; having a circulation far exceeding the average medical periodicals of the United States. Our pages are open only to such houses or parties as are First Class and Responsible. Our rates, which, considering the circulation, are lower than the lowest, will be sent on application, together with exact number issued.

Editorial Note in January number of the Compend.

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The above is only a sample of the "Editorial work" of the *Compend*. Now we must protest against this *rehashing* of our editorials; if you are in need of matter to place in the editorial columns of your magazine, brother, take them *straight*. Warmed over food is hard to masticate or digest.

Book Notice.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH, BY GEORGE MOREWOOD LEFFERTS, A. M., M. D.

Professor of Laryngoscopy and Diseases of the Throat, in the College of Physicians and Surgeons; Consulting Laryngoscopic Surgeon to St. Luke's Hospital, and the New York Eye and Ear Infirmary (Throat Department); Ex-President of the American Laryngological Association.

We have carefully read this little work and it seems to us to be a most complete practical treatise for the general practitioner. The language is plain and easy to understand, and the treatment and methods recommended are not complicated but within the reach of the ordinary practitioner. There are, also, over thirty illustrations in the book, fully illustrating the anatomy of the parts under consideration, the mode of making a thorough examination, and the instruments required to do the work. The book is printed on heavy tinted paper and handsomely bound in cloth. Price \$1.00. Lambert & Co., St. Louis, Mo., Publishers.

Miscellaneous.

—ANY of our readers may obtain a copy of Prof Lefferts' practical little work on "The Diagnosis and Treatment of Chronic Nasal Catarrh," and the JOURNAL for one year for the price of the book alone—one dollar, if sent within a month. For particulars concerning this book, read the notice on another page.

—DR. FLEISCHL of Vienna has discovered still another use for cocaine chloride. He says that in doses from one-twelfth to one-fourth of a grain, dissolved in water and hypodermically administered, it will cure morphinism, alcoholism and similar habits within ten days.

———PHYSICIANS wishing to buy sell or exchange Medical Practices, Locations or Properties, in any part of the United States or Canada, should send stamp for particulars to W. H. Merry, M. D., Montreal, Canada.

———IN THE last issue of the *Medical Record*, a physician mentioned that "Dr. Osio lost three eyes by panophthalmitis." Three-eyed medical men are so scarce in this country that the doctor's mishap takes on the proportions of a public calamity.

———"AUSCULTATION Percussion & Urinalysis, by Prof. Leonard, of Detroit, Mich., is a very valuable little work for the practitioner. The Publishers price is \$1.00 We give it and the EASTERN MEDICAL JOURNAL for one year, for the price of the book alone. For particulars, see advertisement of "Extraordinary Announcement." This offer will not be made much longer.

———TIME was when this food or that food, advertised as supplying the want of nature's full supply, had considerable popularity and temporary success. But that all these various preparations contained a large quantity of bulky, indigestible starch matter was undeniable. Liebig says: "It is no mistake, but a fact the usual farinaceous foods are the causes of most of the diseases and of half of the death among babies." Mellin's Food, made upon the principles advanced by Liebig, contains no farinaceous unassimilable food whatever, and as a nourishing diet for weak stomachs, as a substitute for insufficient nutrition, and as a milk-producer for nursing mothers, it stands unrivalled among prepared foods.

———DIARRHŒA MIXTURE.—A favorite diarrhœa mixture in the New Haven General Hospital, is as follows: R. Tr. opii, tr. capsici, tr. rhei aromat., spts. camphoræ, spts. menth. pip., part. æq.

———CALABAR BEAN IN TETANUS.—Mr. J. Thompson Hayne reports three cases of traumatic tetanus treated with hypodermic injections of one-sixth of a grain of extract of physostigma; of his cases two recovered and one died.—*British Med. Journal.*

———A DRACHM of balsam of cupaiba to an ounce of white vaseline makes an ointment popular with New York ophthalmotogists in treating chronic conjunctivitis.

———DR. A. HUGHES BENNETT says that according to the respect with which the physician treats his own calling and the courtesy and forbearance he exercises towards his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honorable, so will he elevate himself above the adventurer and charlatan.

———EDWARD WILLIAMS, M. D., writes, in the *N. E. Medical Monthly*, "The therapeutic rage now is the hydrochlorate of cocaine. I have used it in a case of painful menstruation with perfect success, where before I had to administer hypodermic injections of morphia. I wet a small piece of cotton with a few drops and introducing a Higbie speculum left it resting against the os. The result was all that could be desired. In about half an hour the pain ceased and did not return again, the menses appearing in about three hours after the application was made."

———DOCTOR—"You see, wifey dear, I have pulled my patient through after all, a very critical case I can tell you." His wife—"Yes, dear hubby; but, then, you know you are so very clever in your profession. Ah! if I had only known you five years earlier, I feel certain that my first husband, Thomas, poor Thomas would have been saved!"

———PROFESSOR BARTHOLOW says that alum by virtue of its astringency is the most efficient purgative in lead constipation.

———ELEGANT, PAINLESS CATHARTIC.—Says W. H. Thomas, M. D., of Steele's Tavern, Va., "On trial, I found Acid Mannate an elegant, painless cathartic. It acts admirably as a laxative in pregnant women."

———ONE of the handsomest and most unique and original ideas in chromo-lithography is the Columbian Valentine, just issued by the Pope Manufacturing Co., of Boston, Mass. The design is in twelve colors, from a painting by Copeland of Boston, is mounted on a panel, and is a genuine work of picturesque art, representing, in three scenic sections, the morning, noon, and night of 'cycling.

———CELERINA, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors.

——— WE have used Lactopeptine somewhat exclusively in our practice, and cordially commend it in those conditions of the stomach and intestines, in which the disturbance is due to a deficiency of the principles which this compound contains. It will be found serviceable in the treatment of the Summer Complaint—indigestion—which will shortly afflict the infants.—*Michigan Medical News, Detroit, Michigan.*

——— ETHER is peculiarly irritating to patients suffering from renal diseases. In these cases, chloroform is better borne.

——— A GOOD antiseptic atmosphere is obtained by pouring water into a jug containing some leaves of eucalyptus globules and changing it every half hour or so. This, placed by the bedside of the patient, is highly useful in diphtheria, typhoid, whooping cough, bronchitis, croup, asthma, influenza, and other diseases.

——— IN CASES of nervous exhaustion, resulting from sexual excesses, private vices and seminal losses, "Celerina" is the best restorative known to the profession.

——— RECEIPTS to Feb. 14.—Those who have mailed us money but do not find their names in this list, will please notify us by postal card.

D. E. Seymore, 1; I. S. Andrews, 50; N. L. True, 1; W. A. Earle, 5; J. I. Brown, 1; F. P. Clark, 1; R. W. Geddes, 1; C. J. Fox, 1; D. L. Powe, 1; W. Jones, 1; C. E. Miles, 1; C. Lloyd, 1; N. Jewett, 1; L. Buzzell, 1; J. Easton, 1; N. W. Holcombe, 1; C. Burger, 1; J. M. Hole, 1; O. C. Maynard, 1; J. LeMont, 1; J. G. Stevens, 1; G. W. Taylor, 1; L. T. Bean, 1; M. F. Moorman, 1; G. H. Gray, 1; A. D. Beach, 1; C. W. Bates, 1; T. Batchelder, 1; N. Simmons, 1; W. N. Keeler, 1; C. M. Deem, 1; A. P. Parsons, 1; S. Ball, 1; N. M. Woodruff, 1; A. W. Cormack, 1; J. E. McGaughey, 1; W. Pierson, 1; W. H. Weir, 1; C. D. Harmon, 1; N. Johnson, 1; S. L. Blake, 1; T. L. Haries, 1; B. W. Pease, 1; G. E. Potter, 50; W. H. Moore, 50; P. Jones, 50; V. A. Cooper, 50; A. W. Bell, 1; C. P. Gerrish, 1; B. E. Terrill, 50; W. B. Grigsby, 50; G. E. Lawrence, 50; D. Fox, 1; G. Higgins, 1; W. D. Thayer, 1; M. W. Bennett, 1; W. E. Lord, 50; B. H. Ordway, 50; M. F. Marble, 50; G. H. Weeks, 50; R. T. Ramsey, 50; C. D. Kirk, 1; Mrs. L. J. Phelps, 1; W. M. Alter, 1; S. C. Teeters, 1; A. D. Kimball, 1; W. F. Templeton, 1; C. K. Brown, 2; J. M. Aldrich, 1; B. Smith, 1; O. Sherwin, 1; A. H. Chesmore, 1; W. E. Stewart, 1; S. P. Taft, 1; O. C. Joslen, 1; J. P. Cowles, 40; Mrs. E. Batchelder, 50; P. P. White, 1; G. Covert, 1; J. M. Culley, 1; J. M. Davis, 1; J. L. Furber, 1; H. H. Brigham, 1.

Eastern Medical Journal,

Published Monthly by A. J. MARSTON, M. D.

— IN THE INTEREST OF —

PRACTICAL MEDICINE AND THE ALLIED SCIENCES.

TERMS—50 CENTS PER ANNUM.

SINGLE COPIES, 10 CENTS.

Entered at Worcester Post Office, as Second-Class mail matter.

VOL. IV.

WORCESTER, MASS., MARCH 15, 1885.

No. 3.

[For Eastern Medical Journal.]

Treatment of Ascites.

Ascites, like jaundice, is merely a symptom ; it has to be combated by two different lines of treatment, according to its being caused by atony, or by pressure of tumors. The first division of the subject will merely be noticed here ; elaterium is the most potent medicine, as is mentioned on p. 24 of your January issue. I refer to a case of mine, published in Oct., 1884 number of *New England Med. Monthly*:

Mrs. —, a large, previously powerful Irish woman, remained after her last confinement for four months in an extremely debilitated state, gradually sinking to a low standard ; her husband, who came for me, could not describe symptoms in detail, but said that two attending physicians had given up the case, they saying that nothing more could be done ; to satisfy him, I went, but as he described her to be in such a low condition, I took with me some real Spanish wine, imported, of the name "Bene Carlo," to administer as a stimulant, pending investigation.

"Debility had induced dropsy in four locations. I cannot describe my case better than by literally copying the words in the *Monthly*: 'A woman who did not seem to regain her strength after her last confinement. Dropsy set in, both legs very oedematous, breathing very short and difficult. The lips cyanosed and the pulse extremely weak ;' the urine I did not examine, being sufficiently satisfied with ocular inspection, auscultation, etc.

"Besides oedema of the legs, there were ascites, hydro-pericardium and hydro-thorax. Something had to be done quickly ;

aspiration and punctures not being indicated as measures affording permanent relief, I exhibited *one* pill of elaterium, containing $\frac{1}{4}$ grain. The patient was in such a weak condition, and apparently so near death, that some advisers would have doubted the propriety of exhibiting such a powerful drug as elaterium. In the administration of medicines, as well as in operative procedures, advisers very properly are swayed often in their judgment by concomitant circumstances; still, there confront us instances where we have to act rapidly and in a contradictory manner; such acts as these latter are chronicled of locomotive engineers. The woman in question was of a large frame, and muscular; if she had been a delicate woman, I think I should have hesitated in administering the elaterium. The drug acted violently, by emesis and catharsis; the next day she was well, the four dropsies having disappeared. She kept well for four years, that is, had no return of dropsy. She then had the same collection of dropsies as at first; the same treatment dissipated the water. Two years afterwards, the dropsies reformed; the same treatment was as usual effectual. In another year dropsy returned; I was, at that time, disabled from attending my patients; instructions were not properly carried out and she died. On each return of dropsy, I might have employed some new remedy, but in urgent cases, we should not trifle with our patients, losing valuable time, but give what we *know* to be useful."

In anasarca of lower limbs and scrotum, numerous stabs with a lancet (up to its shoulder) give much relief to tension; the serosity oozing from these for several days.

Both in ascites and anasarea, active treatment has to be followed up by suitable medication, having for view, the toning of circulatory system, as well as the lymphatics: otherwise, a speedy re-accumulation of fluid may be looked for.

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Caries and Necrosis.

EDITOR EASTERN MEDICAL JOURNAL:—

CARIES implies a disease of bones analagous to ulceration of the soft parts.

NECROSIS signifies death of the bone, or a condition analagous to mortification of soft tissues.

In caries a morbid change in nutrition occurs, the tissue becomes soft, its structure breaks down and pus forms and is discharged, mingled with minute bone fragments. It is the molecular death and slow disintegration.

In necrosis bone tissue or portions of bone perish without molecular disintegration.

Caries more commonly affects the softer portions and the articular extremities, while necrosis most frequently affects the shafts and harder portions. Both conditions may, however, be met with in all parts of bones. Caries often begins in deep layers in the center of cancellated tissues. This is common in strumous habits.

Necrosis often begins on the surfaces of bones, as from acute periostitis.

Caries sometimes attacks flat surfaces without penetrating deeply.

Necrosis exceptionally commences in deeper bone tissues. A distinction between caries and necrosis in morbid specimens is that in necrosis the dead portion is like the corresponding portion in the macerated skeleton, while in caries the tissue is more porous and lighter, and portions seem to have disappeared by interstitial absorption. There is more swelling in necrosis than in caries, or perhaps more properly, greater formation of new bone, while in caries bone formation is tardy and if formed it is so mingled with adjacent carious bone as to make the line of demarkation difficult; but in necrosis the demarkation is distinct. The discharges from both are perhaps equally copious; but that of caries is thinnest, while from necrosis is more creamy and pus-like. The odor is more offensive in necrosis. Perhaps the most practical distinction between caries and necrosis is, that in caries the affected part may be restored to health; while in necrosis this can never be, and a cure can never occur until nature or the surgeon has removed the dead portion.*

The symptoms of caries are pain, redness, swelling tenderness and heat, soon an abscess forms, discharging thin, gritty and offensive pus. The bone, minus the periostium, feels rough as if excavated, to the probe. The skin is thickened, dusky, red and glazed, there are openings to sinuses, surrounded by coarse granulations.

The symptoms of necrosis are great pain and tenderness, swelling œdema, and suppuration. When the vitality of a portion of bone is destroyed, a piece of dead bone keeps up the inflammatory action until it separates and throws it off much like the sloughing in soft parts. The skin presents openings corresponding with sinuses in the bone, and on passing in the probe the sequestrum or loose bone will be felt with a grating sensation.

* [We can hardly agree with the writer that this is a *practical* way of defining the difference. It seems too much like the boy's idea of the way to distinguish mushroom from a toad-stool: "You eat it—and if it kills you it is a toad-stool, if not, why then it is a mushroom."—Ed.]

Causation of both caries and necrosis is usually some constitutional taint, scrofular, mercury, syphilis, excited by local injury or some special cause of inflammation, it may commence with spontaneous inflammation of bone or periostitis.

Treatment. As the causation of these affections is much the same, the constitutional treatment will not very materially differ. We should ascertain the kind of constitutional taint and meet it with appropriate remedies. Improve the general health by the use of tonics and alteratives, a change of air, the best diet, proper open air exercise, improve the blood, local rest, and counter irritation, rest to the part in the horizontal position, poultices, water dressings stimulating lotions.

If, in spite of these means the affection remains intractable, surgical operation may be necessary. If so, in caries it may be necessary to remove the affected portion of bone. It will be found soft, friable, easily crumbling. We should remove this too, when the healthy bone offers natural resistance. If successful, healthy granulation will follow, otherwise excision or amputation must follow. In necrosis the surgeon should wait for nature to separate the sequestrum, or if this be so deep seated as to necessitate interference, an operation should be performed after a suitable time; we must open the sinuses, divide the bridges of bone if need be, and remove the dead bone.

If the disorganization of soft tissue be extensive, and a fatal result is feared from suppuration, and hectic results, resection may save a limb, or, if necessary, amputation may save a life.

M. A. D. WADSWORTH, M. D..

NEW YORK.

[Excerpt from Authors Materia Medica]

Apocynum Cannabinum.—*Indian Hemp.*

PARTS USED.—Tincture and fluid ext. of the root.

DOSE. of the fld. ext., from 3 to 8 gtts. ; of the saturated tinct., in diluted alcohol, 5 to 15 gtts.

This article acts through the Cerebro-Spinal nervous system, and has special affinity for the mucous membranes, serous membranes and cellular tissue, and the skin.

The action of Apocynum Cannabinum in very large doses, is to produce nausea, vomiting and purging, followed by prostration and drowsiness. These are its toxical effects. In medical doses, it is one of the most positive remedies in dropsy, especially in renal dropsy, anasarca, ascites, oedema of the feet and legs, and even hydrothorax are under its powerful control.

If given properly, its action upon the kidneys is profound. It produces very copious diuresis, hence its very great value in renal dropsy. This remedy had quite a reputation in the cure of dropsy in the early settlement of North America by the English, but, owing to physicians using it (as they use most active remedies,) in toxical doses, it soon fell into disrepute, but now it has been reintroduced by progressive physicians of different names and orders, as homœopathic, etc.

Apocynum Can. not only increases the quantity of the urine, but also increases its solids. It not only increases the functions of the kidneys, but hastens those peculiar transformations essential to the production of the urine. This is one of those remedies that we can appreciate its positive action, and perceive its specific affinity. It hastens the liberation of the peculiar elements out of which the urine is to be elaborated, hence, the increased quantity of these worn-out materials, naturally increases the quantity of the urine at the time. It powerfully hastens the disintegration of the nitrogenous elements of the body, together with the watery elements of the urine.

Apocynum Cannabinum becomes, then, a very positive remedy for dropsy, especially, for all cases of dropsy caused by inaction of the kidneys. It is alike applicable in œdema, anasarca or dropsy of the serous cavities, provided there is no obstruction to the circulation, as there is in pregnancy, tumors, etc. And it may not be expected to cure dropsy caused by any grave lesion of the heart, although we may be able to mitigate it considerably. Structural disease of the liver would also interfere with the curative action of Apocynum. But when anasarca, ascites, œdema of the legs, and even hydrothorax proceed from suspended action of the kidneys, as an idiopathic affection, then Apocynum Cannabinum will always display its curative powers.

In acute, idiopathic dropsies, very small quantities of the infusion of the root may be used, say 20 to 30 drops of the infusion. I have succeeded best generally with the aqueous extract, made by covering the crushed root in water, and steeping it over a sand bath some 8 to 12 hours, then straining, and then adding one-tenth alcohol to preserve it.

The dose of this extract is from 15 to 30 gtts., repeated every two hours until it acts well.

It may be alternated with other diuretics.

Like Digitalis, Apocynum Cannabinum, in the form of an alcoholic tincture, is nearly inert in dropsy, hence the necessity of the aqueous extract, or the aqueous infusion for dropsy. This aqueous extract may be given in doses of one or two drachms if it fail to act in smaller doses. It will palliate any form of drop-

sy, and aid in the cure of the curable forms of that dreaded disease. Even dropsy from organic disease of the heart I have kept down the effusion for weeks, and sometimes for even months.

I have treated quite a number of old men for dropsy, in whose cases there were organic heart affections, yet I have been enabled to mitigate their conditions so much as to prolong life for some years. Hydrocephalus has been cured with Apocynum Can., in several instances, given in doses of one or two drachms, every two hours, of the infusion.

Its action upon the mucous membranes render it a valuable agent in catarrh of the nasal ducts, attended with dryness of the mucous membrane of the nose, with a sensation of stiffness, and the secretion of a yellow mucus. In some cases of *Coryza*, one gr. of the bark of the root of Apocynum Cannabinum, triturated with 100 grs. of the sugar of milk, snuffed up the nose, twice or thrice a day, will often relieve the coryza quickly, and finally cure it. It has proved curative also in *uterine* hemorrhage. One writer reports a case of menorrhagia, in which the flow was profuse, clotted, and attended by great irritability of the stomach, fainting, and great depression of the whole nervous system. This case had continued for six weeks, but yielded in about a week. Several other cases of long standing; are reported as cured by this remedy.

• APOCYNUM ANDROSEMIFOLIUM.—(*Dog's-bane*,)

This plant belongs to the same family as the Apocynum Cannabinum, but it differs from that species in specific action. They are very much alike in appearance, but there is a well marked distinction. The Apocynum Androsemifolium has much larger blooms, shaped like the common persimmon, coming in June and July. Its action is upon the joints and the ligaments and tendons of the muscles.

It is applicable to cases of rheumatic gout. Some writers in the northwestern parts of the United States, state that the Apocynum Androsemifolium is the chief remedy for rheumatism of that locality. It is especially indicated where there are acute pains in the joints, which are attended by cramps and bilious stools, or flying pains in the teeth. I have used it frequently to expel the seat worm—ascarides. To expel the seat worm, I use the powdered bark in pills, made with $\frac{1}{4}$ grain of Podophyllin, and $\frac{1}{4}$ grain of comp ext. of Colocymuth, to one or two grs. of the powdered root-bark, to the pill; dose, one to three pills at night. I discovered this vermifuge property by giving the Apocynum root-bark as a cathartic for sick headache.

I. J. M. Goss, M. D.,

MARIETTA, GA.

**Delphinium Staphisagria—Damiana—Helonia Dioica—
Nux Vomica—Phosphorus.**

Prof. J. M. Schudder says:—"Delphinium Staphisagria is almost, if not quite a specific in controlling irritation of the urino-genital apparatus, as in the prostatorrhœa resulting from masturbation; in chronic irritation of the neck of the bladder, especially when the result of gonorrhœa or cold, and associated with temporary enlargement or irritation of the prostate in chordee; and in gonorrhœal prostatitis." Prof. John King thus speaks of this remedy;—"D. Staphisagria in therapeutical doses appears to be a prominent stimulant, increasing innervation, stimulating free circulation, improving the appetite and digestion, giving tone to the sexual organs, and removing morbid impressions. I have found it decidedly useful in chronic irritable states of the bladder."

DAMIANA.

F. A. Evans, M. D., in *Keystone Med Journal*, thus writes of the above agent:—"Damiana, although introduced to the profession but a few years ago by Dr. John J. Caldwell, is really an old remedy in domestic practice. Father Juan Marie de Salvatierra, a Spanish missionary, reports its use among the Indians, over two hundred years ago, as a tonic to debilitated sexual organs and other weaknesses. The Mormon teachers, who certainly use their reproductive organs more than any other class, find damiana a panacea for their wasted energies. Indeed, it is considered so valuable as a builder up of the sexual powers, that those Mormon roosterly elders take a little with their morning "nip," and go on their way rejoicing. B. F. Ulmer, late U. S. Consul to La Paz, Mexico, says the people of Mexico have unbounded confidence in it as a potent remedy for renal and vesical diseases. Damiana seems to act on the basilar portion of the brain, and, in this way, stimulates the reproductive organs. It is a heart tonic to some extent, and, in this way, like cactus, influences the renal organs. It is more efficacious in cases marked by a want of tonic—atony. In painful menstruation it is often serviceable. In three cases of this kind, treated by fld. ext. damiana (P. D. & Co's.) each was relieved. I used it in one case of incipient vesical catarrh with marked benefit. In five cases of sexual debility (two of them courtesans) I used successfully the following formula. Each case was entirely relieved in two or three weeks:

R.—Ext. Damiana fluidi,	3 j
Staphysagria tinct.	3 ij
Water,	3 iv M.

DOSE.—Teaspoonful twice daily. This is my favorite formula, and, with hot water hip bath once daily, nourishing diet, rest to the organs, and moderate out-door exercise, will prove satisfactory to any one that will try it.

HELONIAS DOICA.

Says Dr. King: "I have found this plant to possess decidedly beneficial influences in cases of nocturnal emissions, the result of excesses, especially in those instances where there are symptoms of gastric derangement with impaired memory, mental apathy or indifference, and an enfeebled condition of the general system, with weakness or dull pain in the renal, or lumbo, sacral region. It imparts tone and vigor to the reproductive organs."

NUX VOMICA.

"In medical doses nux vomica is a general tonic and stimulant. It is principally employed in cases where there is a want of nervous energy. It is decidedly beneficial in local palsies, as that of the bladder, amanorosis, impotency, spermatorrhœa, tremor of the muscles, produced by habitual intoxication."

PHOSPHORUS.

This agent is a powerful nerve stimulant and tonic. It excites the mental faculties and the sexual feelings. It is used with benefit as an aphrodisiac in the impotency of old age and in debilitated subjects. Dr. John King says; "I have derived benefit from it in cases of impotency, and premature seminal emissions."

The opinions given above, are from prominent physicians, and can be endorsed by the profession generally. Most of the agents, especially the three first mentioned, are difficult to prepare for use, owing to their unsolubility.

The Worcester Pharmaceutical Co., of this city, have, after much time and labor, succeeded in compounding these agents in an Elixir which is clear and perfect, and embraces all the good qualities of each individual agent. The medical profession will, we believe, be pleased to learn that compound can be procured suitably prepared for prescribing.

Each drachm of the compound contains about one grain each of the first three agents mentioned, one-sixteenth of a grain of nux, and a trace of phosphorus.

General Grant's Malady.

The following article, touching General Grant's condition and the character of the disease from which he is suffering, appeared in the *Medical Record*, March 7th:

"It is a matter of deep regret that the grave suspicions entertained of the serious nature of General Grant's disease are confirmed by a diagnosis of epithelioma of the tongue and fauces. This disease, the name of which is now, perhaps, heard of for the first time by the general public, assumes an importance as to study which it could never otherwise obtain. Consequently the daily papers are educating the people with regard to it so that the terms epithelioma, malignancy and infiltration will be as well understood as in former times were those of suppuration, pus-track and bullet-cysts. As might have been anticipated under the circumstances, the published reports of the General's condition are very much exaggerated.

The disease is by no means as extensive as is generally believed. In fact, the ulcerations, small in extent, are limited to the right pillars of the fauces, the anterior one being perforated at its base. The adjoining right side of the root of the tongue is indurated to a slight extent, as is also a neighboring gland under the angle of the jaw on the right side of the neck. The roof of the mouth, along the line of the hard palate and to the right of the median line, contains three small, wartylike excrescences, which show a tendency toward cell proliferation. The epiglottis is free from any abnormality, as are all other parts of the throat.

Although the induration of the tongue has existed more or less since last fall, when the patient was first seen by Dr. Douglas, the ulcerations have appeared quite recently. It was during their progress that the General suffered from pain in the right ear, which has now been entirely relieved by the local application of a four per cent. solution of cocaine. Under the same treatment all pain in deglutition is entirely controlled, and the patient is kept in a very comfortable state. The pulse, which is normally sixty per minute, occasionally reaches eighty beats. The bodily temperature is normal. The appetite is fair, which is saying everything in his favor, as the General is not a hearty eater. His bodily condition is, however, much below par, and is more to be considered at present than the local disease.

The treatment of this case has been judiciously conservative from the start. The fluid extract of coca is administered internally, and iodoform is dusted upon the ulcerations. Contrary to the general impression, the tongue itself is not ulcerated, nor has it been, as far as we can learn, at any time during the progress of the disease. The troublesome tooth said to have been extracted for the relief of lingual ulceration was on the opposite or sound side of the mouth, and was removed to relieve a persistent ache of the left ear.

[Later, from N. Y. Herald, March 9th.]

GENERAL GRANT STILL FEEBLE.

INCREASED ANXIETY AS TO THE CONDITION OF THE EX-PRESIDENT.

It was not until six o'clock yesterday morning that General Grant was able to get any sound sleep after he had retired to bed. From that time until eleven o'clock in the day he slept soundly, and was greatly relieved thereby. About two o'clock in the afternoon there was a call at the house by the following four medical men, who hold consultations on General Grant's condition twice a week:—Dr. Fordyce Barker, Dr. Sands, Dr. Douglas and Dr. Shrady. The latter, who is a surgeon at the Presbyterian Hospital and editor of the *Medical Record*, attended the consultation for the first time. It is understood that a careful examination was made of the General's throat, and also of his pulse and temperature. Though Dr. Douglas declined to say what was the conclusion arrived at, it is known that after the consultation they spoke to the General and several of his friends in the most hopeful way of the ability of their patient to endure the strain that his malady depends from all that suffer therefrom. General Grant ate rather more than the average amount of food—which is, of course, of a semi-solid character—and he seemed to have more enjoyment in partaking of it than he has manifested for a long time, and also much less difficulty in swallowing.

The evening proved to be, as usual, the General's best time, and surrounded by his family and a few friends he gratified the circle in his library with very entertaining and interesting reminiscences. When Dr. Douglas made his professional call last night he found him engaged, and when he left the house the Doctor had reason to believe that his patient would have a good night.

Despite this condition of General Grant's health, it is certain that there is felt by those immediately surrounding him grave cause for anxiety and a fear that the end may come more quickly than is generally supposed. It is not unlikely that the General's daughter—Mrs. Sartoris—will sail from England for New York some day this week. Among the more immediate friends who are likely to be in the city within a few days for the purpose of paying a visit to the ex-President are General Beale and the Rev. Dr. Newman. Both these gentlemen have been sent for at the suggestion of the family, and the significance of such action carries with it its own comment.

[For Eastern Medical Journal.]

A Subject Suggested.

EDITOR EASTERN MEDICAL JOURNAL.—Will you allow me to ask some of your many readers to give us an article, through the JOURNAL, on the subject of Ossification of the Arterius.

JAMES T. WILLIAMS, M. D.

Stigmata Maidis in Diseases of the Heart.

The London *Med. Record*, Aug. 15, 1884, says that during the past three years Dupont (Centralbl. für die Gesamte Therapie) has employed this extract in heart disease with very good results. The extractum stigmata maidis reduces the action of the heart and increases diuresis. It is, as a rule, well tolerated. As a rule, its diuretic action increases until after the third day. The amount of water excreted often increases from 500 grammes to 1,500 and 2,000 grammes (Oj-ji). It is especially indicated in diseases of the heart with œdema of the lower extremities of general hydrops, in which class of cases it displays its power as a diuretic. As the œdema disappears, the blood supply throughout the system is better regulated, the pulse beat is more regular, the heart's action is slower and more rhythmical. While the general condition of the patient improves rapidly, dyspnoea does not seem to be influenced by the medicament. In cases of hypertrophy, contractions and insufficiency, the same results were always noted. The reason why this drug deserves praise is because it is well tolerated by all the patients. When compared with digitalis it acts more rapidly, while there is not so much difference between its action and that of convallaria majalis. In the beginning Dupont always administered the drug alone, until he had carefully studied its action, after which he combined with it iodide of potassium, and milk. With regard to the dose, the largest amount given was three grammes (45 grains) three times a day, one hour before each meal, with a little syrup. Generally half this quantity was sufficient to bring about a diuretic action.—*Med. Age*.

Dr. Hughes Bennett, of London, has recently made a remarkable diagnosis, in localization of a brain tumor, and directed a surgical operation which led to its successful removal. It is believed to be the first of the kind thus treated. He diagnosed an encephalic morbid growth of limited size in the upper part of the fissure of Rolando, and requested a surgeon to trephine

the skull over the suspected region. This was done by Mr. Rickman Godlee, and a mass of glioma, the size of a walnut was extracted from under the gray matter of the upper part of the ascending frontal convolution. The operation was performed November 25th, and the patient was doing well on December 6th.—*London Medical Times*. The chief symptoms which led Dr. Hughes to diagnose the extent and locality of the tumor were paroxysmal twitchings of the arm on the same side, followed by slowly progressive paralysis of the hand, and later on, by twitching of the eyelids and leg without paralysis. These symptoms were accompanied by double optic neuritis and violent headache.—*Buffalo Medical and Surgical Journal*.

Syphilis.

A discussion is going on among the medical journals on the most feasible method of preventing syphilis. Nearly every person has a theory on the subject. Their views differ as are the autumn leaves for number. Licensing houses of prostitution; periodical examination of their residents, and of all lewd women; and other methods are advocated, but not a word is said about the male prostitutes.

Now we have a theory about syphilis that, if put in practice, would most effectually rid the earth of the disease and its attendant evils. Let every woman, so soon as it be known that she is affected, have the operation of ovariectomy performed on her; and every man, in like circumstances, be castrated. This would prevent the creation of diseased offspring, and in about three generations the disease would be a thing of the past. The remedy is heroic, but syphilis requires exactly that kind of treatment.—*Ind. Pha.*

Fallen Giants.

Medical journalism has recently lost a veteran on each side of the Atlantic.

On January 31, Dr. William Braithwaite, founder of Braithwaite's Retrospect of Medicine, died at his home in Leeds, England.

On February 2, Dr. E. S. Gaillard, so well known to American medical journalism, died at his home at Ocean Beach, N. J.

Dr. Braithwaite founded the Retrospect in 1840. It has been published continuously ever since, and will be continued under the management of Dr. James Braithwaite, the founder's son, who has for some years done the greater part of the editorial

work. It will continue to be republished in this country by W. A. Townsend, of New York; whose name has been connected with this work since 1850.

The future of Gaillard's Medical Journal we have not yet learned. Neither it nor the services of its able editor can well be spared; but without Dr. Gaillard, the Journal never could be what it has been. In an experience of about twenty years he was successively editor of the Richmond Medical Journal, Richmond and Louisville Medical Journal, American Medical Weekly, and Gaillard's Medical Journal. His great ability was recognized by all.

He was for a number of years a member of the faculty of the Louisville Medical College, but a few years ago he was obliged to leave Louisville on account of chronic malarial poisoning. He then moved to New York city, but he found that his health was best favored by residence on the Atlantic coast.

As a teacher of the principles and practice of medicine he had few equals, as many pupils in all parts of this country will testify.

He was born at Charleston, S. C., January 16, 1827 and was consequently 58 years of age.—*Medical World*.

To Disinfect a Room.

In the disinfection of a room, all the objects should be left in position, and about one ounce of sulphur burned for every cubic yard of space which it is desired to disinfect. The best means of avoiding danger from fire is to employ two earthenware vessels placed one on top of the other, the lower one containing wet sand. If, then, the upper jar breaks with the heat, the burning sulphur falls on the wet sand and not on the floor. The room which is being disinfected should be kept closed for 24 hours after lighting the sulphur.

Bleaching from the fumes of sulphur must be expected; all metallic objects are also attacked; they may, however, if necessary, be protected by coating them with oil before the process of disinfection is commenced.

The above is the ordinary method employed in most of the hospitals in France, and cannot be too highly recommended.—*Med. World*.

Why Contagious Diseases Attack But Once

Professor Tyndall thus endeavors to explain the immunity obtained against a second attack of a contagious disease: "One of the most extraordinary and unaccountable experiences in

medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid or scarlatina, for example, was found as a general rule to occur only once in a lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite."—*Medical World*.

A Mixed Diet Best.

There will be no "isms" in the future of scientific enlightenment—no teetotalism, no vegetarianism—in short, nothing of specialism in the ordering of a moderate life on natural principles. Obviously, man was made to eat a mixed diet, including both animal and vegetable food. Food is more a matter of climate than anything else. Climate determines development, both as regards demand and supply. Ruskin is right when he makes even the moral character of man depend directly upon his surroundings. We have no sort of sympathy with the "fads" of the day. Our standpoint is the simply and severely rational. Nothing would be gained by rehearsing the stock and familiar arguments of the vegetarians. They one and all contain much the truth, but they one and all err in mistaking the particular for the general. There are, probably, some persons who do nourish their organisms as well with vegetable materials as with animal food; but this we take to be a peculiarity in the individual apparatus and function, not an excellence of quality to glory in and be proud of. It would be better if we could learn to look on the eccentricities of appetite as abnormal, instead of emulating the fox who, having lost his own tail, went about trying to persuade other creatures of his species to get rid of theirs also.—*British Med. Jour.*

CORRECTION.—In C. W. Bates' article on Isthema, in Feb. No. of the Journal, his first prescription should read; Lobelia tinct. 1 drachm, instead of 1 oz., and in the second prescription it should read; Lobelia tinct., 3 drachms, instead of 3 ozs.; and in the fifth line from the last, the word cobwebs should be used in the place of cubebs.

Infantile Diarrhœa.

In the *Med. Press*, November 26, 1884, are published some notes of a paper on this subject by Mr. O. Lankester, which treated of simple diarrhœa unconnected with organic diseases of the intestines. He divided the subject into the four varieties of non-inflammatory diarrhœa, inflammatory diarrhœa, choleraic diarrhœa, and dysentery. Of these four he considered only the two first varieties. He mentioned cold, bad feeding, dentition, and worms, as the chief causes, and sketched out the diet of infants. He mentioned the complications of diarrhœa, as blood in the stools, prolapse of the rectum, and spoke of the use of opium in connection with the latter. Mr. Lankester next alluded to the uncertainty of diagnosis in cases of diarrhœa caused by dentition. With regard to the inflammatory diarrhœa, the causes may be the same as those of simple; also bad smells. In considering the question of diet, he spoke of the necessity of avoiding the use of milk, and advised the substitution of broth, also white wine in cases where collapse is present. He alluded to the use of mustard baths and brandy, and an antiseptic treatment, washing out the stomach, and small doses of soda benzoates frequently. In cases of chronic forms of inflammatory diarrhœa, the utmost attention should be paid to diet, and pepsin and raw meat are very useful.

An Important Invention.

As every progressive physician is anxious to learn of any new discovery in his line, which will enable him to treat the sick with better satisfaction to himself as well as his patient, it has been thought not improper to briefly make mention of an important invention in the interest of the surgeon and gynecologist. It seems somewhat surprising that, while in most things the physician is able to supply himself with implements which are well nigh perfect, until recently the want of a simply constructed, and at the same time *practical* chair or table for making examinations and for operative procedures, have not been filled.

Heretofore the physician in order to possess a chair, at all suitable to his wants, has been obliged to pay an exorbitant price, and then only get an unwieldy, unsightly, and often ill-adapted concern. We believe the readers of the Journal and all others in the profession will be gratified to learn that a chair has been invented which will meet this want.

The Eureka Chair Co., of this city, after much labor and expense has succeeded in producing an operating chair deserving

the aprobation of the entire profession. We present the following cuts, illustrating the chair. Fig. 1 appears simply as a handsome office chair, having no appearance whatever of its real use.

Fig. 1.



Fig. 2.

Fig. 2 shows it in one of its positions for the treatment of cases in either the Sims' position or in the dorsal position. The chair, as the cut now represents, stands thirty inches high, but, as can be seen, can be readily lowered to twenty-seven inches, or either end may be tilted, at the option of the operator. The

very many movements of this chair: would cause one not acquainted with it to think it complicated in its structure, while the reverse is the fact.



Fig. 3.

Another advantage this chair has over all others is, it can be conveniently folded up, as shown in Fig. 3, to less than five inches in thickness, to be placed against the wall, or in a closet, or to be taken in the doctor's carriage to the patient's residence, if need be.

Altogether it is the *multum in parvo* for the practitioner. Not all however has yet been told in favor of this chair; we believe it is the *cheapest* chair ever offered to the medical profession by nearly one half.

A. J. MARSTON, M.D.

TONGUE AND GUMS.—INDICATIONS.—A red line on the gums, with fetor and metallic taste, indicates ptylism; a blue line—lead poisoning; great sponginess, with sloughing and great fetor—scurvy; a red line about the teeth and along the gums—perio-stitis; purple gums and purulent discharge—necrosis; gums hot, red, swollen, very tense—phlegmon; gums inflamed and soft, with fluctuation—alveolar abscess; swollen gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin and scalp, gums everted, fetid matter from necks of teeth—syphilis. A white tongue denotes febrile disturbance; a brown, moist tongue—indigestion; a brown, dry tongue—depression, blood poisoning, typhoid fever; a red, moist tongue—feebleness, exhaustion, a red, dry tongue—inflammatory fever; a red, glazed tongue—general fever, loss of digestion; a tremulous, moist, and flabby tongue—feebleness, nervousness; a glazed tongue, with blue appearance—tertiary syphilis.—*Independent Practice.*

———**CRYSTAL PEPSIN.**—The surgical value of pepsin as a solvent is well shown in a note in the *Northwestern Lancet*. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clot-
ted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.

EASTERN MEDICAL JOURNAL.

Editor,
A. J. MARSTON, M. D.,

Assistant Editor,
C. E. NELSON, M. D.,

Worcester, Mass.

109 E. 35th St., New York.

WORCESTER, MASS., MARCH 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

The Value of Cocaine Hydrochlorate.

Nothing since the discovery of anæsthetics, has excited the enthusiasm of the medical profession, as has the recently discovered anæsthetic properties of cocaine. Medical Journals of both hemispheres are teeming with articles, highly extolling the action of this wonderful agent. At first the reports of its peculiar properties were confined to the eye alone, but now it has been found to serve as well upon the mucous surfaces in other parts of the body, and even when placed under the skin. We get reports of its use as a local anæsthetic upon the eye, the ear, mouth, fauces, nasal cavities, womb, urethra, bladder, rectum and (hyperdermicly) the skin; showing that its effects are not confined to special localities. Its great usefulness in overcoming pain is well illustrated in the case of General Grant, where the application of the drug gives immediate relief. Very recently it has been used with splendid results in acute nasal catarrh, and catarrh of the bladder accompanied with great tenesmus. Altogether, it is an agent of great value to the profession, deserving to be placed by the side of chloroform, ether and quinine.

The Journal as an Advertising Medium.

It is gratifying to learn that our efforts to benefit our advertisers are meeting with success. Our point has been from the first to use the JOURNAL pages to advertise *only* reliable preparations, that we might *honestly* recommend them to the medical profession. We publish below a letter from one of our many advertisers, which tells its own story. A good thing well advertised, does not fail to bring in its reward.

BOSTON, MASS., Feb. 25, 1885.

DR. A. J. MARSTON,

Dear Sir:—We desire to inform you of the fact that we re-

ceive more direct benefit from our advertisement in your JOURNAL, than we do from any other in which we have advertised. You not only claim to have a large circulation, but you have got it. We receive letters of enquiry and orders for our Extract from physicians in almost every state, stating that they heard of us either directly or indirectly through the EASTERN MEDICAL JOURNAL.

We beg to assure you of our high appreciation for the great benefit you have done us, and shall continue our advertisement as long as you publish the JOURNAL.

THE GEDDES MANUFACTURING CO.,
BOSTON, MASS.

Society Proceedings.

New York County Medical Society.

The February meeting was held on the 23d. The subjects being popular, there was a very full attendance. The evening was divided into three portions; the first occupied by a description of the routes that cholera followed in its different progresses,—usually termed invasions—by Dr. J. C. Peters; the second, occupied by reading brief extracts from the methods pursued in foreign experimentation on microbes and their culture, in relation to cholera, dysentery and diarrhoea,—this, by Dr. Wendt; and the third, devoted to a paper read by Dr. Edson, of the N. Y. board of health, on the impropriety of using as a potable water, that supplied by the artesian wells lately sunk in New York.

(I) The two main points in Dr. Peter's discourse were (a) that Asiatic Cholera is not borne arbitrarily by the winds in various directions, but that it breaks out at points where travellers stop; other persons in that locality, old residents for instance, often being thence affected by the contact of clothing, etc., belonging to the travellers; it does not break out along the "lines" of travel, except where bedding, clothes, or choleraic discharges may have been thereon. (b) That whatever may constitute the virus, enters solely by the mouth, passing to the stomach and intestines: this is effected in two ways, by drinking water contaminated with choleraic discharge; or, by ordinary articles of diet, which have been touched by infected hands.

Dr. P. is not prepared to say whether supposed specific microbes are essentially the one, sole cause of cholera.

(II.) The extracts read by Dr. Wendt from foreign culture experiments, showed marked discrepancies and differences of

opinion ; that many different bacilli were more or less comma-shaped, but nevertheless did not behave similarly under culture experiments. Observers differ in regard to finding the specific bacteria in the blood, and intestinal walls; some maintaining, that if so, this fact merely shows a post-mortem migration.

Vibrios, of various species, have been discovered long since, and announced at various times, by careful observers.

(III.) It was stated by Dr. Edson that sinking artesian wells in the basin of Paris was very different to doing so in New York: in the former place, the geological strata were comparatively level, the stiff clays and marls keeping out surface drainage from the lower depths, whereas, in New York, the strata are raised on edge, so that surface drainage can easily soak to considerable depths. He allowed that water pumped from artesian wells might be used for washing, or for manufacturing purposes. Where this well water is used in large quantities in New York factories, it is first boiled (212°) for two hours; the Board of Health considers that by that proceeding, all bacteria and spores are destroyed.

There was no discussion, the meeting adjourning at a late hour.

Notices, Reviews.

DENISON'S ANNUAL CLIMATIC MAP OF UNITED STATES.—On one side of a sheet is printed a large map of U. S.; on the other side are four smaller maps of the same; showing by tinted and variously shaded areas, as well as isothermal lines, the different ranges of temperature and climatic changes experienced in various parts and regions of the U. S. Meteorological tables are printed on the margins. The elevation of mountainous regions is stamped plainly in large blue lettering. It can thus be seen and determined at a glance where is the most appropriate spot a physician should send his different classes of patients, in regard to sanitarium. Dr. Denison, of Denver, Colorado, is to be congratulated by the profession for having produced such a complete work.

REPORT OF COMMITTEE ON SCHOOL HYGIENE IN TENNESSEE,
—by *Daniel F. Wright, M. D., of Clarksville, Tenn., Jan. 1, '85.*
—This pamphlet contains a full and elaborate report on this interesting and important subject. A full notice of this pamphlet will appear in our April number, the subject being ably treated in a new, radical and *scientific* manner by its authors.

GACETA DE LOS HOSPITALES, GUATEMALA.—1885, Jan. No., containing two pages of contents of its first year, 1884. The articles are varied and of contemporary interest.

ANNUAL BEPORT OF BOARD OF MANAGERS OF THE NEW YORK STATE REFORMATORY AT ELMIRA.—Year ending Sept. 30, 1884. Received too late to notice in this number; a summary and *critique* will appear in our next.

Obituary.

LOUIS ELSBERG, M. D., died Feb. 19, brought on by overwork. Dr. E. graduated at Jefferson, and subsequently visited Vienna. He occupied a high rank as a Laryngologist in New York, also editing a journal devoted to that specialty. He filled the chair of laryngology at Dartmouth Medical College, and was visiting physician to Charity Hospital, N. Y. He was also a member of several medical societies in New York. He died at the comparatively young age of 50.

Dr. Seligman Teller, M. D., the well known physician, died March 14th, at his residence, No. 306 W. 23d st., after a short illness. He was born in Prague, Bohemia, in 1831, and received his medical education in Vienna under Hebra and Kaposi. Graduating with high honors, he was appointed assistant surgeon in the Allgemeine Krankenhaus, and in 1858, during the cholera epidemic, he was decorated and publicly commended by the Kaiser. Early in the spring of 1860, Dr. Teller came to this country and was appointed resident physician in Mount Sinai Hospital, which position he filled for over fifteen years. He was interested in many charitable institutions and was the founder of the German West Side dispensary.

Dr. Ellerslie Wallace, professor of obstetrics in Jefferson Medical College, died March 9th, in Philadelphia, after a long illness. He was born in Philadelphia on the 15th of June, 1819. He was of Scottish ancestry, and, it was said, he was a lineal descendant of Robert Bruce. He was educated at Bristol College and originally intended for a surveying engineer. At the instance of his brother, Dr. Joshua Wallace, who was demonstrator of anatomy at Jefferson College, he studied medicine, and was graduated in 1843. He practised his profession with success in

Philadelphia, and in 1846 was appointed demonstrator of anatomy of his Alma Mater. This position he resigned to accept the chair of obstetrics and diseases of women, when vacated by Dr. C. D. Megs, and continued to fill the duties of this office until June, 1883, when the precarious condition of his health compelled the submission of his resignation to the Jefferson trustees. About the same time he resigned his office as dean of the college, to which he had been elected as successor to Professor Gross. Dr. Wallace was a member of the College of Physicians of the Philadelphia County Medical Society, and of several gynæological societies. He was a valuable contributor to the medical journals, and during the war was an active member of the Union League.

Miscellaneous.

—BEFORE purchasing imported cocaine preparations, at enormous prices, it will be well to consult the advertisement of Messrs McKesson & Robbins. Their production is receiving high endorsement by the profession, and the prices are reasonable.

—OUR readers are invited to read the new advertisements of Parke, Davis & Co. This enterprising firm, are as usual, up with the times, and able to offer to the medical fraternity everything that is new or old in the way of drugs, and, also, means to administer such as are unpleasant to take, in a way to suit the most fastidious. It is well known that quinine, in pill form, is objectionable, on account of their insolubility; to overcome this objection, this house presents it in "soluble elastic capsules"—a great advantage over the old method. They are not behind on the manufacture of cocaine preparations as their advertisement on second page of cover will testify.

—MELLIN'S FOOD FOR INFANTS AND INVALIDS.—A recent analysis by Mr. G. W. Wigner, the President of the Society of Public Analysis of England, throws considerable light, not only in the composition, but on the physiological action of this popular preparation. It appears that it contains nearly 87 per cent. of dextrine, maltose, etc., soluble in cold water.

"As Mr. Wigner points out, it is not a mere starch or sugar food, but a soluble preparation, containing those nitrogenous and phosphatic principles which contribute largely to the growth

of bone and tissue in young children. Being thoroughly malted, it is not only digestible itself, but actually assists in the digestion of milk and other foods with which it is mixed. It must of necessity be of great value in the case of feeble infants who cannot digest ordinary starchy foods. Mr. Wigner's analysis has evidently been performed with great care, and is of much interest."—*British Medical Journal*, May 3, 1884.

——MEDICAL JOURNAL ADDRESSES.—We have just received from the Illustrated Medical Journal Co., of Detroit, Michigan, several sets of their Perforated, Adhesive Medical Journal Labels. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what every physician needs for addressing his reprints for journal notice, and medical colleges for addressing their announcements for a similar purpose.

——It has been found, in the treatment of Cholera Infantum, that there is a great advantage, if not absolute relief, to be obtained by the use of Lactopeptine with the food directed. The *modus operandi* of this result is, of course, too well known to need description, but of the good effects of this treatment there can be no doubt.—*Gaillard's Medical Journal*.

——DR. FRANK O. LOCKWOOD, of Minter, P. O., Dallas, Ala., says: I have used Papine in a case in which opiates had an unhappy effect upon head and stomach, giving fifteen drops every two hours with good results. Have also used it with satisfaction in cases where other opiates produced nausea.

——OTORRHEA.—W. H. Thomas, M. D. of Steele's Tavern, Va., says: Now I want to say a word in regard to *Pinus Canadensis*. I used *Pinus Canadensis* in a case of purulent discharge from the ear of eight years standing in a patient or rather scrofulous habit. The patient had anaemic discharge from both ears, profuse the greater part of the time; hearing badly injured. - I put the patient on syr. iodide of iron, and ordered an injection of *Pinus Canadensis* into each ear twice a day. (Strength, *Pinus Canadensis* one part, water five parts). This case that had baffled the skill of six other physicians, each one leaving her no better, if not worse than before, now readily yielded, and was entirely cured in about two month's time. Discharge entirely

stopped, hearing entirely returned, nor was it a temporary cure, for now after the lapse of near two years there is no signs of a return of the disease. I think *Pinus Canadensis* the very best mucous astringent, and I think every physician who makes a trial of it will be forced to the same conclusion.

——Miss Mary M. Fletcher, founder of the Fletcher Free Library and of the Mary Fletcher Hospital, at Burlington, Vt. —the latter being the largest benefaction ever given the public by a single individual in Vermont —died at the hospital Feb. 23rd of congestion of the lungs, after a brief illness.

——DIED FROM LAUGHING TOO MUCH.—A report comes from Annapolis, (Feb 25th) of the singular death of a woman named Martha Ryan, who is said to have died from an over indulgence in laughter, which she could not resist. It was stated that the spasmodic hilarity of the woman lasted fifteen minutes, at the end of which time she dropped dead.

——RESPECTING the great prosperity of Geddes Extract of Hemlock, Robert Hamilton M. D., of Saratoga Springs, under date of January 13th, writes: It is the best remedy I ever used for the treatment of inflamed mucous surfaces. I have recommended it to my patients on leaving here and the reports I received from its application by parties in Brooklyn New York and other cities are highly satisfactory.

——G. S. STEVENS, M. D., 1 Major St., Trinity Square, Providence, R. I., among other good things says: I am using the Fluid Extract of Hemlock Bark with the greatest satisfaction to myself and patients.

——GREGORY DOYLE, M. D., Syracuse, N. Y., Jan. 23, 1885, says: I have used Magee's Emulsion for some time, and with results that will justify me in saying that it gives the best satisfaction to patient and physician of any that I have heretofore used.

——PROF. BARTHLOW says that "ether, employed hypodermatically in pneumonia, is one of the greatest advances in the treatment of this affection."

——In cerebro-spinal meningitis, in which there is a marked febrile tendency, Prof. Bartholow says the gelsemium, in small doses of the fluid extract, is extremely useful. "A uniform physiological effect should be maintained."

Eastern Medical Journal,

Published Monthly by A. J. MARSTON, M. D.

— IN THE INTEREST OF —

PRACTICAL MEDICINE AND THE ALLIED SCIENCES.

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VOL. IV.

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No. 4.

[For Eastern Medical Journal.]

Pneumonia—Alcohol—Lobelia.

EDITOR EASTERN MEDICAL JOURNAL :—In the February Journal is a selected article, under the head of pneumonia, which I cannot let pass without notice. It appears that C. G. Smith, M. D., has had extensive experience in the treatment of the disease, and admits a loss of only one patient, and that because the wife of the patient was a fanatic on the temperance question, and did not give whisky to her husband. Whisky is Dr. Smith's remedy for Pneumonia. notwithstanding he claims to be "a teetotler in principle, and does not believe healthy men and women need stimulants." A remedy, however, that wakes up a dormant appetite which is bad, or creates an unhealthy one, is a dangerous remedy. It is as true to-day as it ever was that those who have sown the wind shall reap the whirlwind. I often say to my patients who complain about the unpalatableness of any medicine which I have prescribed for them, that I do not want them to take anything which they will hanker for after their disease is removed. A writer who claims to have a desire "to keep up the strength of the patient" and then advises doing it with that which will make a strong man weak, must be a writer who can make an easy change from the sublime to the ridiculous.

If Dr. Smith, or any other whisky doctor will come to Saratoga County, he will find a sad number of reputed fatal cases of pneumonia where there are no "fanatics on the temperance question" to keep whisky from either killing or curing.

The New York Tribune of March 10, says :—"The presence of pneumonia in this city, was not checked at all by the pleasant weather of last week, and its ravages continue to be aston-

ishing. For the week ending Friday, 142 persons died from it."

Would it be safe to claim that five of said 142 persons died without taking whisky? If any did die without having a chance to be intoxicated or poisoned with alcohol, what was done with the collegiate instruction of the attending physicians?

The *Christian Advocate* of New York City, publishes as follows:—"We said, some weeks since, pneumonia is to be dreaded as much as cholera. Its ravages still continue. One hundred and fifty-two died of it in this city week before last. Many things appear to show that in some forms it is contagious or infectious." Would it not have been better to have claimed that atmospherical conditions and bodily susceptibility are the chief causes of pneumonia? The word contagious needs considerable explanation to make it fit many sporadic or self-generating cases, even of small-pox, measles and scarlet fever. People should not be unnerved with unnecessary fear that will cause them to neglect their friends, when sick, and themselves to be more susceptible to disease. Also, it is wrong to sound a great alarm, about a disease, which is like finding fault with the weather and Providence causing it, and at the same time not to say a word about man's fatal inventions which pass under the deceptive name of medical treatment. God should not be blamed for man's stupidity.

I have treated pneumonia, more or less every year, for more than thirty years, without the recollection of loosing but one case, and that without ever prescribing whisky, quinine or morphine. Such case was a lady 58 years old who was exhausted when the disease set in, from domestic labor and care of her sick daughter and grand-children. Several years previous I successfully treated her for a nearly fatal hemorrhage of the lungs. My prescription during her last sickness so relieved her that she lived 21 days. Four years previous to her death her husband died with pneumonia and whisky, and was sick only five days. As a rule patients that cannot endure both pneumonia and whisky die between the fifth and twelfth day after they are taken sick.

March 1883, J. R——, aged about 30 years, of strong constitution (and, inasmuch as strength is better than weakness to combat disease with, was a good patient to have,) had pneumonia in a very severe form. It is nonsensical to weaken the powers of the system with stupefying intoxication or any bad treatment, when it is trying to relieve obstructions and derangements as it would be to load a manual laborer or mental worker down with such things. J. R——, took no whisky, morphine, quinine, antimony or mercury, and the result was that he was

not confined to his house only about two weeks. He has been well since because he took nothing to break down his constitution. I gave him just what a large majority of doctors would have opposed if they could have had a chance, and just what they are trying to drive out of medical practice. I gave him small doses, frequently repeated, of an infusion of lobelia and pleurisy root, until he vomited several times. After this vomiting he was a relieved, happier and nearly painless man. The pleurisy he had made him fear that vomiting would hurt him; yet, how happily disappointed he was in the result. I have thus disappointed many persons having pleurisy by giving them an emetic of lobelia. The cleansing, relaxing and nervine effects which follow such emetic cannot be so quickly caused by any other medical treatment.

After the stomach became quiet, I followed every two hours with a syrup of lobelia for its expectorating property, and a hot tea every two hours made from powdered pleurisy root, scullcap and valerian. I was sure to keep all the blood possible flowing to the extremities and a free flow of perspiration so as to relieve the diseased lungs. The morbid matter which passes out by way of the skin did not go to the lungs to be thrown out by coughing. The bowels were relieved by some physic like black root or senna leaves. I did not allow any eating while there was no desire for food and consequently no power to digest, because it is as foolish to try to force digestion as to force a broken leg to act.

Of course, weakness will follow a want of exercise with or without a broken leg; likewise, there will be a loss of flesh, when what has been eaten has not been digested. Common-sense is just as necessary about indigestive stomachs as about inactive legs. There is much false education among physicians and the people about digestion and starvation. The old Thomsonian doctors who allowed their patients to eat much and often never would have had the success they had if they had not given frequent emetics. Less eating and less emetics would have been better. When Nature stops the desire for food she is trying to tell that digestion has stopped. It is not right to ask her to repair severe damages and at the same time keep on in the manufacturing business. President Garfield was stuffed, yet he grew poor because his accumulated flesh was used to run the machinery of life. His physicians also did not appear to think that a sick man should not be expected to digest anything oftener than a well man.

I allowed my patient some choice in drinks, but not cold drinks, and told him to drink all he desired. He was cleaning house

and hot water was better for him to drink than cold water. I used capsicum and ginger instead of whisky and brandy because I preferred to stimulate with oats instead of whips.

March, 1881, J. W——, aged 72, and very much twisted and warped with chronic rheumatism, was very sick with pneumonia. Most of his friends who saw him thought he was having his last sickness. They were not only discouraged because he was very sick but because two of his younger neighbors had recently died from the same disease under other treatment. He was given the harmless and conservative treatment given J. R., and he recovered and still lives.

November, 1883, A. C——, aged 90 years, had pneumonia. For two weeks I saw no prospect for his recovery, and gave not the least encouragement. After all, he recovered and enjoyed better health, for more than a year, than he did the year previous. One of his sons said to me that it was a wonderful recovery. I replied by stating that the secret of his recovery was this: I gave the old gentleman nothing that was killing.

I could give more examples, but must close this communication. I cannot close, however, without giving a few more statements about an emetic. I want to be particular because there is either a right or wrong way in all human action, and because it is just as bad to be scared to death as to be killed. There have been many bugbear exhibitions about lobelia. It has been circulated throughout the world in the United States Dispensatory, under the head of lobelia, that "fatal results have been experienced from its empirical use." Although it has been extensively and sometimes improperly used in domestic practice and by many physicians for many years, I believe there is no more proof that it has ever killed a person than there is that wheat is a poison. It can be easier shown that not as many persons have been injured by too much vomiting as have been injured by eating too much bread. It has been easy to excite a prejudice against a sickening drug, no matter how much good it may do, and not hard work to please the ignorant with intoxicants, no matter how many they kill, injure or enslave.

I make my emetic powder of three parts of pulverized lobelia seeds, and one part of pleurisy root. To a teaspoonful of the powder, put a teaspoonful of boiling water, sweetened if desired. Give from four to twelve teaspoonfuls of the tea every fifteen minutes until vomiting takes place. As long as bad matter is thrown off the vomiting should be continued. Some kind of hot drink should be given immediately after each time of vomiting. Hot charred bread or corn coffee is good to help settle the stomach. An emetic is aided by lying on the left side, and a cathartic

by lying on the right side. Such facts tell how to increase or diminish nausea.

Many times warm soda water will hasten the vomiting. Make it by dissolving half a teaspoonful of soda in half a tea-cup full of hot water, and give two teaspoonfuls about every five minutes.

Another form of giving the emetic, especially to children, is this: rub together in a spoon, one-fourth of a teaspoonful of the powder and the same quantity of sugar, and then add enough water to make it in a condition to be swallowed. Each dose should be followed with some kind of warm drink.

Sometimes prostrating or alarming symptoms, such as faintness, paleness and bad breathing may come on and last from one to several hours; but this will do no harm unless the attendants get frightened and call in some foolish or conceited neighbor, or doctor. At such times give every five minutes, two teaspoonfuls of tea containing capsicum or ginger, with milk and sugar if desired.

The emetic powder should be used for overloaded stomach, sick-headache, croup, rheumatism, ague and fever, pleurisy, pneumonia, the bad breathing sometimes connected with measles, and some chronic forms of disease. If anything will "break up a fever," in its first stage, it is a thorough emetic of the right kind. The emetic should be repeated according to indications.

Merely emptying the stomach is not the most important office of an emetic. Vomiting will cause a necessary shock or constitutional effect. He who objects to an emetic for many conditions of the system is as wrong or mistaken as he who advises it for everything.

G. W. KING, M. D.,

SARATOGA SPRINGS, N. Y.

Poliomyelitis Anterior in the Adult.

Since Dr. Seguin, in 1873, called attention to that grave but somewhat rare disease, poliomyelitis anterior in the adult, the subject has been somewhat better understood. Indeed, no one who has carefully studied the admirable analysis therein given of this disease need remain in doubt as to its distinctive character, nor hesitate long in the diagnosis. In the intervening time, however, comparatively little has been written about it, and I was therefore glad to see a late number of the *American Journal of the Medical Sciences*, and in *The Medical Record* of February 7th, two independent reports of cases, accompanied by an intel-

ligent discussion of the subject in all its phases, and especially in regard to differentiation. It would seem that no one ought to confound subacute or chronic atrophic paralysis in the adult with locomotor ataxia, and yet within a year I have met two cases where the mistake was committed. Posterior spinal sclerosis has been so freely discussed of late years that it has become one of the familiar things in medicine, and the tendency among those who give little thought to the more obscure diseases of the central nervous system is to confound it with forms of paralysis having an entirely different origin. One of the two cases to which reference is made I should therefore like briefly to report, for the two-fold purpose of still further emphasizing the subject in regard to its differentiation, and to illustrate the very marked and rapid results of proper methods of treatment. The case is in itself, moreover, well worthy of record, from the fact that it was one of those rare illustrations where general paralysis of the most extensive and profound character prevailed; Duchenne, as remarked by Dr. McIntosh in his article, having met but five such cases out of a total of sixty-two observed.

Case. Mr. F——, aged about thirty years, first observed in November, 1882, a momentary hesitancy in attempts to move, especially in going up stairs, and soon after was compelled to take to his bed because of what he termed "exhaustion." Improved somewhat, and in January, 1883, went to Europe. Returned the following March feeling generally much better, but still weak, and with the same undefinable sense of hesitancy in the limbs. This symptom gradually left him and he was fairly well during the summer, but after a while he again experienced the sudden "catch," as he termed it, when about to ascend the stairs. On one occasion, in August, when feeling quite well, he went into the surf, and stayed an unusually long time. On coming out he felt giddy, stiff and tired, and was never well afterward.

One day in September, after a walk, he began to feel "very bad," and took immediately to his bed, from which he was unable to rise for many months. In a week's time he was completely paralyzed in every limb; he could with difficulty move even his head, and in addition he became afflicted with diplopia and an entire loss of voice.

He remained in this condition with no improvement excepting as to his voice and eyes, until I saw him January 10, 1884. At that time he could speak only in a whisper, and the eyes were yet somewhat affected. The paralysis was so complete that it was impossible to move even a finger or toe, and the electro-muscular contractility was lost equally to both galvanic

and faradic currents. This is a point to be especially noted, for in these cases it is seldom, according to my experience, that galvanomuscular contractility is entirely lost, although the reactions that do occur are likely to be the reactions of degeneration; and in this case, when some response to galvanism was finally observed, qualitative as well as quantitative changes were readily noticed, the anodal closing contraction being stronger than the cathodal closing contraction. In locomotor ataxia as is well known, there is little if any change in the electrical reaction.

All of the paralyzed muscles were atrophied to the last degree, but there was a notable absence of any tendency to bed-sores, spinal epilepsy, permanent anæsthesia, or paralysis of the bladder or sphincter ani. A word in regard to the treatment of poliomyelitis anterior as illustrated more especially by the case under consideration. Dr. Gustavus Eliot, in his very valuable article on this disease, and in his enumeration of the various plans of treatment, remarks that massage and electricity should be used as soon as there is any evidence of improvement. If by this he means that counter-irritation and ergot, which come first in the list, should be used until there are evidences of returning power of motion, I should very strongly dissent. Just so soon as the acute symptoms pass away, and immediately in the subacute and chronic forms, it is proper to begin the application of galvanism. In less than two months under almost daily applications of galvanism, the patient in the case under consideration improved in the most marked degree. Electro-muscular contractility returned, the limbs greatly developed, while a very decided degree of power prevailed in all the extremities, the patient being able to throw his arms and legs in any direction.

When it is remembered that the paralysis had been profound and without the slightest evidence of improvement for three months, excepting as to the eyes and voice, the very positive and immediate effects of treatment will be better appreciated.—*A. M. Rockwell, M. D., in Med. Record.*

A Rectal Bougie that does not Stretch the Anus.

EDITOR EASTERN MEDICAL JOURNAL.—In treatment of rectal stricture, it is desirable to spare patients the discomfort of having the anus kept on the stretch for twenty minutes during the gradual dilatation by means of the ordinary rectal bougies; I have devised an instrument (which may be called a bougie, for the sake of simplicity) fashioned as is represented in the

wood cut: A is a solid or hollow cylindrical piece, made of steel, polished; the distal end being moderately truncated and rounded, as in other bougies; the proximal end (e) being more conical in its curve, as with the end of a French bougie. B is the shaft to introduce it with, this latter being fitted with a handle (C); the shaft B being cylindrical, of steel, polished. The handle (C) may be flat, with its surface smooth, scored, or rounded; and may be made of iron, steel, wood or any material adapted for the purpose; the shaft to be of proportionate diameter to the portion A.

The portion A is the part inserted in the stricture; the shaft (B) lies in the rectum, protrudes from the anus, the handle (C) being between the patient's legs, or resting on one of them. In this way, by having the portion A made in diameters equal in size to the different graduated sizes of bougies (ordinary scales), with corresponding thickness of the shaft B, a stricture of the rectum can be treated by gradual dilatation, without at the same time inconveniencing the patient by having the anus kept long and frequently on the stretch.

The piece A may be two, or two and one-half inches long; the handle (C) one inch long, so as to decrease weight; while the total length is twelve inches.

MODE OF USING. The instrument can be most easily introduced if held lightly at the middle of the shaft (B), with the thumb and two fingers of the right hand; the left hand holding up the buttock, the middle finger stretching up the anus.

In case of the stricture being situated near the anus, and the piece A slipping beyond the stricture, the end (e) of the piece A is made slightly conical, so that it can the more easily brought back into the strictured portion.

C. E. NELSON, M. D.,

NEW YORK.

What the Microscope Shows in General Grant's Case.

The following account of the microscopical examination by Dr. Geo. R. Elliott of specimens removed from Gen. Grant's throat, appeared in the *Medical Record*:

From numerous inquiries that have been made of me regard-

ing my microscopic examination of the specimens removed from Gen. Grant's throat, and from the great interest manifested in his case, I have consented to place before the medical profession the data upon which the diagnosis rested.

When the importance of using the microscope to determine the exact nature of the malady became apparent, I was invited by Dr. J. H. Douglas to assist him, and he then sent me some scrapings from the surface of the sore on the right posterior pillar of the fauces. These little particles I carefully prepared in the usual way and examined with the microscope. Little, however, of definite value could be made out, because the specimens had, unfortunately, been allowed to dry up before they came into my possession. They were consequently useless for purposes of microscopic examination.

On the morning of February 18, 1885, the importance of further and more satisfactory investigation was suggested to Gen. Grant, and the necessity of removing a small piece of the diseased tissue was made known to him. Consent was readily obtained. I was then permitted to see the extent and gross lesion, and was furnished with a history of its development.

The description given in the *Medical Record* on March 8, '85, of the site and extent of the disease corresponds with my recollections of the accounts that I received at that time. As there stated, the area of disease was not great, and the pillars of the fauces on the right side were the parts most involved, the adjoining side of the tongue being indurated to a slight extent only.

Preliminary to cutting off any of the diseased tissue, the throat was sprayed with a four per cent. solution of the hydrochlorate of cocaine, which allayed, to a great extent, the irritability of the affected tissue. A piece about as large as a small pea was then removed by Dr. F. C. Riley, from the ulcerated edge of the posterior pillar of the fauces. The removal took but a moment, and gave the patient but little discomfort. The specimen was placed at once in alcohol and water, equal parts, for the purpose of hardening it. After immersion for twenty-four hours the specimen was transferred to absolute alcohol, in which it was kept for twenty-four hours longer, when it was found possible to make thin sections. The latter were stained in order to bring out more clearly the minute component parts. The staining reagents used were hæmatoxylon, Bismarck brown, and hæmatoxylon and eosine. Subsequently these sections were mounted on glass slides in Canada balsam.

I found that the tissue examined was composed largely of epithelial elements, grouped frequently under the form of distinct lobules. The cells forming these lobules lay in close contact, and showed a marked tendency to be arranged in concentric

globules or "nests." This latter arrangement of epithelia is characteristic of that form of cancer known as the epithelioma.

Most of the globes were found to be in an early stage of formation. I do not wish to be understood as basing my diagnosis of epithelial cancer upon these globes or nests only, but in connection with other pathological and clinical data I regard their presence as highly significant.

Marked mutltiformity in the shape of the epithelial elements was another of the important findings in the specimens under examination, while distinct evidences of cell proliferation were seen in the malpighian layer. By the lobulated appearance of the epithelial mass referred to above is indicated a tendency of the new cell formation to burrow into the deeper parts of the underlying tissue. Extravasations of blood were also found among the epithelia. This condition I regard as pointing to a low vitality of the newly developing growth, and cell dissolution, leading to a rupture of the capillary blood channels, by which their contents escape into the surrounding tissue. Finally, in some parts of the diseased tissue a fibrous framework was found.

By way of summary, then, the more or less lobulated appearance of the epithelial mass; the actual existence of some "cell nests;" the great diversity in the shape of cell elements; the marked evidences of epithelial proliferation and the peculiar appearance of the stroma warrant the diagnosis of epithelioma of the squamous variety.

This conclusion has been arrived at after the greatest possible care had been taken to exclude all possibilities of error; after an exhaustive study of every detail, with a knowledge of the clinical history of the case, and this, too, with a mind anxious only to find microscopical evidence that the disease was of a benign or innocent nature.

In conclusion I may say that this case illustrates the peculiar value of the microscope as an aid in diagnosis, since without it a positive conclusion could not have been reached upon the exact nature of the disease. In many instances, it is true, we cannot be so positive, either because we are not fortunate enough to obtain the particular part of the diseased tissue that shows the characteristic structure, upon which the diagnosis is made with the microscope, or it may be that the disease is at that early stage when it exhibits nothing that is pathognomic.

The great interest in this case—not only to the medical world, but to the world at large—has induced me to describe in some detail the examination of a specimen that exhibits nothing but what is constantly found in an epithelioma of ordinary type that is fully developed.

EASTERN MEDICAL JOURNAL.

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Worcester, Mass.

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109 E. 35th St., New York.

WORCESTER, MASS., APRIL 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Cancer. Is it a Local or a Constitutional Disease?

It seems doubly cruel that the Nation's great Commander should be throttled by such a voracious enemy as cancer at the root of the tongue. Much has been said as to the cause and nature of the malady, and many a sermon has been preached on the effect of tobacco, having this illustrious case to present as a "terrible example."

Great attention has been paid by pathology to cancer. It was formerly looked upon as one of those specific maladies, that, like tubercle, began always as a malignant cell, and then, with little influence from treatment, hastens on to a fatal termination. It has been thought by some that a benign growth sometimes, and under certain circumstances becomes malignant.

Dr. Jones, of New York, read a paper before the Smithsonian Institute, over twenty years ago, in which he expressed this view. In an article in the *Medical Record*, of 1881, Dr. R. W. Enmon shows how a sacoma may take on a cancerous development, and in evidence quotes Rendfleisch, Buechler and Billoth; Most practitioners can recall cases in practice where tumors of long standing, had, after being accidentally irritated, suddenly taken a malignant type. Errichsen says: "A blow on a woman's breast may give rise to a cancer; and the irritation of a broken tooth may occasion it in the tongue. It is disputed whether external causes of any kind can give rise to the production of cancer without the previous existence of constitutional predisposition." On the other hand, Errichsen, Velipeun and others fully sustain their views that it is strictly local in its origin. Of the kind known as Epithelioma this is especially true; this form of cancer differing so much from the kind known as Encephaloid and Schirrus as to cause a denial of its identity. Certainly the former form of the disease is so local in its character that, if located so as to admit of removal, a prognosis is far more favorable.

We are inclined to take the view that the true type of cancer is a constitutional disease, and that, while it often localizes itself at a weak point, which has been brought on by accident or otherwise, it may develop at any time and without any external exciting causes. In the case of General Grant, the cause of the disease localizing itself at the root of the tongue may be attributed to the extensive use of tobacco, but a person without a cancerous taint may use the weed without fear of like results.

We believe, also, that a benign growth may, under certain conditions and circumstances, become malignant and prove as fatal as one showing the latter form from its incipency. An early removal of all such growths would be of course advisable.

Undoubtedly this malady is on the increase both in this country and Europe, and the medical profession should bring every means in its power to bear upon it, with the hope of discovering a remedy.

Electricity as a Therapeutic Agent.

In all the varied forms of Neurasthenia, Dr. A. D. Rockwell of New York, depends more upon some one of the varieties of electrical application than upon internal medication. His methods are, mainly, general faradization and cerebral and spinal galvanization. His claim for general faradization as a constitutional tonic, either stimulative or sedative according to the method of its application, has stood the test of many year's trial. In Germany, more than at home, its value is best appreciated, because more conscientiously attempted. Dr. Rockwell's directions for general faradization are that the current should range through various degrees of strength according to the greater or less susceptibility of different portions of the body. Thus the strength of current that can be employed on the face near the 7th pair may be represented by 2, on the forehead by 1, while at the sacrum 4 indicates the current strength, and along the dorsal and lumbar regions the highest degree of strength that can be used is indicated by 5. The power of well directed applications of general faradization to equalize the circulation, thus relieving local congestion is of the greatest value.

Many of the most persistent forms of insomnia are in this way effectually overcome, even after constant failure by other methods. In these cases when the administration of opium causes intense excitement and wakefulness, the method has often proved of inestimable value. In many different forms of nerve pain (neuralgia,) its value is very great, but to achieve satisfactory results, the proper current must be selected. The effects of

pressure Dr. Rockwell has found to be a valuable guide in differentiating between the two forms of dynamic electricity. In those cases where firm and prolonged pressure not only causes no pain, but to a certain extent relieves, the faradic current is preferable.

In that other class of cases on the contrary when the surface is tender and sensitive to pressure, the galvanic current usually affords the greater relief.

Static or Franklinic electricity, although of undoubted value, Dr. Rockwell regards as generally inferior to dynamic electricity. Its greatest value is in supplementing and reinforcing the constitutional tonic effects of faradization and galvanization. In chronic forms of muscular rheumatism static electricity succeeds however very often after the failure of galvanism and faradism.

Elastic Tension in the Treatment of Joint Disease.

Dr. Roberts, of New York, has given emphasis to the treatment of joint diseases by elastic tension, allowing of voluntary articular motion; in contradistinction to rigid fixation. The elastic tension is attained by spiral springs, or rubber bands attached to metallic rods. The 'points d'appui' are metallic bracelets encircling the limb, attached by adhesive plaster; the leg rods descend under the shoe, having projecting buttons near the ankle. This arrangement permits of exercise, even if matter form; in this latter case, a compress of oakum is kept on the affected joint, with a small, short rubber drainage tube inserted; the internal end of the tube being cut off bevelled. Exercise, the joint being in this latter condition, is not contraindicated, in young persons as it would be in adults.

In cases which are seen early, a cure is attempted and looked for without seeking operative interference. But there are cases where it is necessary to saw out carious bone, which is effected by first drilling, then applying a burr-saw, both being revolved by electricity.

The claim of superior efficacy of elastic tension over rigid fixation is, that it allows of a free circulation of blood in the part; thereby imitating natural conditions.

THE NEW BOARD OF HEALTH OF THE STATE OF MAINE.—Gov. Robie has appointed the following State Board of Health: F. Gerrist, Portland; Lewis Barker, Bangor; Stephen J. Young, Brunswick; O. A. Horr, Lewiston; E. C. Jordan, Portland; and J. O. Webster, Augusta.

Society Proceedings.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, March 19, 1885.

A. JACOBI, M. D., PRESIDENT, IN THE CHAIR.

The Temples of Æsculapius.

By PROF. MERRIAM, of Columbia College, N. Y.

[Reported expressly for the Eastern Medical Journal.]

There were 320 in Grecian countries; to these went those suffering from divers ailments; they would stay all night, and, while asleep, dream of the god appearing to them; in the morning, on waking, would find themselves cured; some thereupon put tablets, describing the cures, with representations of the part of the body treated, in relief in the stone. These tablets were of soft grayish lithographic stone, on which the characters could be easily graven. Dr. Schliemann, who has written several works describing excavations undertaken by him, has recently unearthed the chief temple of Æsculapius, at Epidauris, Greece, where the tablets have also been found. The Archæological Society of Athens have also taken great interest in this work.

Many persons seeking relief in those times, would on entering, ridicule the tablets, these would incur the anger of the gods. Skill in curing was alluded to in the Homeric poems. The sons of Æsculapius were the two physicians in the Greek army. The temples were rarely mentioned in Homer: before that time hero worship existed. The celebrated physician, Epaminondas, of Crete, was brought to Athens. Another physician was Pythagoras. Empedocles possessed the power of healing old age, etc. Pindar describes Æsculapius as healing in different ways. There was the physician Aristides. One of the Christian fathers, St. Cyprian, cured by divine power. Aristophanes, in his play of the Wasps, describes the man who was fond of sitting on juries, who, on being taken to the temple in Ægina, escaped, and went off to the Court House.

In ophthalmic cases, ointments were placed on the lids, serpents and dogs afterwards licking them off. Epidauris is five miles back from the coast, situated in a lovely vale; being a salubrious spot. The temple, though small, is of beauteous architecture; filled with paintings and statuary. There has also been unearthed a theatre, built on the side of a mountain, so it was shady after midday; a statue of Æsculapius was found, of colossal size, of ivory, the beard being of gold. At Olympia, the

statue of Jupiter had the cloak of gold. Apollo, father of Æsculapius, had no beard; this was commented upon by the ancient writers. Strabo speaks of the temple at Epidauris being full of sick; and of the tablets. Pausanias mentions six slabs, containing names of patients and their maladies; these inscriptions were in the Doric dialect. Two women came there, having borne child, three and five years respectively. One person who ridiculed the tablets was obliged to consecrate a silver pig on becoming cured. A dumb son of Croesus was made to speak. Pandarus, a Thessalian, had stigmata on the forehead, which were cured. Euphanus, a boy, had vesical stone; he gave an offering of ten dice. In one case there were lids, but no eyes; cured. One case had a lance-head six years in the jaw. These native slabs were placed by persons coming from different countries, in the sixth century B. C. Hippis, of Rhegium, tells the story of a woman's head, which, after having been taken off, was put on wrong. Strabo states that the slabs in the temple in Cos, relate how Hippocrates trained himself there, he there established his *cliné* or clinic. Priests had to render an annual report of the number treated and cured; an account of the offerings was made by a committee appointed by the Senate. The parts of the body successfully treated were represented in marble or terra-cotta; all parts of the body were represented; the eye, 110 times; the ear, frequently. Different surgical instruments were portrayed, such as catheters. A modern writer, Ahrenberg, criticises these matters. In the fifth century B. C., there was a conflict between religion and science. Anaxagoras was of a practical turn of mind. Socrates was put to death for presumably destroying public belief. Hippocrates endeavored to reconcile the two positions, having a leaning towards the scientific. Impotency was a frequent condition in the Scythians. All diseases were attributed to divine origin. In the Ionic philosophy, the elements were termed divine. Democritus says men are mortal gods. Xenophon was physician to the Emperor Claudius. Epilepsy was deemed sacred, and an evidence of divine wrath. There were pilgrimages twice a year to the temples. A certain number of men were appointed physicians to the state, who prescribed free of charge. In Athens, sometimes, the priests filled the functions of doctors. Even doctors gave thank-offerings for themselves and families, in the temples. Sophocles composed a hymn to Æsculapius, which was sung for centuries. There was a yearly pilgrimage to Tenedos.

DISCUSSION.

DR. PETERS held a different view on the opinions of Hippo-

crates, whom he considered free from crankism. On the Tiber, tablets were found in four caves. Hippocrates was eighteenth in descent from Æsculapius; the action of his treatment was very far-reaching. He held that one remedy would cure all identical cases of any disease. By trials on animals they found remedies exactly opposite to the disease. Sometimes diseases were treated by their similars, sometimes medicines between these extremes were employed; these different theories cover an immense deal of ground. Jewish priests would ravish women, so that they would get children. At the annual fair in Tintah, Egypt, barren women are ravished by the dervishes; rich women hiring houses, sending maids after the priests; the poorer women waiting and taking their turn in the temple. In India, the Buddhist trinity consists of the Creator, who, after the world was finished, retired; no temples are erected to him. Of the Preserver, few temples are erected to him, as it is his duty to take care of the world, and he requires no thanks. Of the Destroyer: to this god, numerous temples are erected.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, March 23d, 1885.

DANIEL LEWIS, M. D., PRESIDENT, IN THE CHAIR.

[Reported expressly for Eastern Medical Journal.]

DR. W. GILL WYLIE read a paper on "A simple and efficient surgical operation for Lacerated Perineum;" this operation being a secondary and not an immediate operation. Regarding the idea that the perineum supports the internal parts, it has been observed completely destroyed, the rectum, however, remaining in place; the function of the perineal muscles is merely for the regular expulsion of fœces, in straining at stool, the uterine ligaments are stretched; this causes rectocle, cystocle and hernia, and is the main origin of these troubles; the pelvic organs are suspended independently of any support afforded by the perineum: there is not much trouble from tears of the external perineum; but there is trouble if the internal perineum be torn. After my operation, 20 grs. iodoform are dusted on the part, and fresh powder applied after each urination; no catheter is used, and a solution of corrosive sublimate, 1 to 5000 is applied; great cleanliness is exercised, and no morphine is given; dilatation of the rectum is at the time had recourse to, so as not to have too much tension on the silver sutures. In the case of old women, denudation is practised

higher up on the posterior vaginal wall, as the tissues are atrophied or degenerated. In young women, if too much tissue is destroyed the next child is sure to tear the parts asunder. I use a round, straight sewing needle, $1\frac{1}{4}$ inch in length, passing it through with Sims' forceps; while the stitches are being made, the index finger is placed in the rectum as a guide for passing the needle; in making the dissection, dissecting forceps are used instead of the tenaculum; stitches are removed on the tenth day; if removed too soon the parts may be torn or stretched. Dr. Wylie's incision is the upper part of a square instead of the usual clover-leaf.

DISCUSSION.

DR. J. B. HUNTER remarked that Wylie's operation was essentially the same as his own. In London, I saw Baker Brown operate; he simply removed a horse-shoe piece of the skin; this gave naturally a very effective support. An important question is what the real function of the perineum is; the lower part of the vagina is the part to be restored, as supporting the uterus. Emmet restores the perineum, which is by many regarded as a line between the anus and vagina; but it has depth as well as length; in regard to support afforded by the perineum, the real structure is destroyed before the head comes down, in labor. There may be external and internal perineal rupture. I do not denude beyond mucous membrane, paring off the skin outside being objectionable.

Emmet's operation shows what not to do. I have used all ligatures, wire, thread, catgut, silkworm-gut, all being the same in efficiency; the result of the operation depending on the manner of effecting the paring; with catgut I have obtained very good results. I remove as small an amount of tissue as possible. My patients experience no pain afterwards, as I do not include the skin; no morphine is exhibited, and no catheter is used. I use No. 4 Amende's catgut. No attention is required after; in ten days an examination is made. In cases where there had been retroversion, no more pessaries need now be worn, the parts now being cured.

DR. WYLIE here remarked that this was the case in those where the uterus was movable, but not so after adhesions had formed. Sometimes I pass the stitches from within outwards, and use catgut instead of silver wire.

DR. MUNDE.—In the first times, in Europe, I saw Simon operate; cure of the superficial laceration was not attempted, but only of the complete laceration. The "incomplete" operation has been very successful in the hands of Emmet, at the Wor.

ans hospital; this seems to restore an almost complete perineum. In my first sixty-five private cases, before I had hospital experience. I had no failures. When rectocele was present, the operation was more difficult. I operate with a straight needle; pus is apt to accumulate in the pockets. I use silk or catgut. Emmet's operation leaves the vulvar opening too large; this is objectionable when the case is complicated with rectocele. I employ the clover-leaf deundation, as the flattening out the upper end of the vagina (for a square incision) is impossible, on account of the rami of the pubes. Better results are obtained in private practice.

I have broken many straight needles, especially if the condensation of tissues be dense; a strong curved needle is better. A silk ligature, treated with corrosive sublimate, is as good as any; but it makes no difference as to the kind of ligature. Freund would denude two parallel, longitudinal strips, the same in principle as Emmet. Although pessaries are discarded, retroversion may persist; the uterus can now occupy its normal antecurved position. If the uterus had been supported for two or three months before the operation, it should be supported after.

DR. J. B. HUNTER. Regarding efficient perineal support, Emmet's operation is perfect.

DR. MUNDÉ. I prefer Emmet's 'old' operation to the 'new.'

DR. DAWSON. I think we should restore the superficial perineum, and not make a new one. If a case of laceration, after swelling has subsided, a very small tear will be observed, even in fat women, never over two inches in length; therefore why denude three inches? Again, why duplicate sutures? Thirteen have been used, and 6, 8, & 10 in these instances, failures have occurred; during the last three years, I have used only one or two—with complete success, and no pain; the cases remained in bed a few days, and were walking around the room in ten days. I attribute success to the simplicity of my operation. I confine denudation to the ostium vaginae, thus restoring the natural perineum; getting up to the angles, I pick up lateral tissue. One need not go high up in the vagina; while incising, one may put a finger in rectum; tension of stitches may strangulate the tissues, producing œdema, thus inducing failure. Do not leave the sutures too near the edge; pass them deeply, keeping finger in rectum; with tissues in perfect apposition, good circulation is assured. Silver suture is perfect and cleanly.

DR. A. S. HUNTER. There is no pain if sutures are inserted near the line of union. In the old operation of Emmet, that I performed nineteen times in private, with no failures, the su-

tures were placed keeply, $\frac{1}{4}$ to $\frac{1}{8}$ inch from the line of union; this causing extreme pain; the bowels are kept constipated for eight days. There is trifling pain in Dr. Wylie's cases. In using silver sutures, abscesses were often encountered along the line, in $\frac{2}{100}$. No antiseptic precautions were used; no iodoform; the skin should not be included; in Dr. Wylie's cases there were no abscesses.

A member remarked that intra-abdominal pressure would cause laceration, regardless of the perineum.

DR. BOLDT. A cause of abcess after operation, is the number of sutures used and the method of being tightened. Dr. Dawson's method is good.

DR. WYLIE in answering, said any of us may obtain good results, if we make our examination a month after the operation. The proper test is time; in a perineum that is torn superficially the ostium vaginæ is everted. A most important point is not what we can see, the real tear we cannot see, so as to be guided. In recent cases, a good operation may be made by using only two sutures; but not when there is atrophy, rectocle, and in old cases. The sphincter ani should be dilated, to induce relaxation of the tissues, so that they can be easily brought together: catheters are not used at the Woman's Hospital, or by a great many operators, as they are apt to induce acute cystitis; it makes no difference if a little urine passes over the cut surfaces if the different steps of the operation are perfectly done. Standing, brings about rectocele; the real force that causes trouble is straining at stool, when the perineum gives way.

NEW YORK ORTHOPÆDIC SOCIETY.

Stated Meeting, March 26, 1885.

VIRGIL P. GIBNEY, M. D., PRESIDENT, IN THE CHAIR.

[Reported expressly for the Eastern Medical Journal.]

DR. WYETH showed two casts of the left foot, before and after operation, in which wedge-shaped pieces of the metatarsal bone of the great toe, and the phalanx were removed, for deformity; resulting in a cure; a splint was applied; he remaining in bed six weeks; he is now attending to farm work, but there still persists partial rotation to the right, as is frequently observed. Dr. W. then exhibited his modification of Mr. Gowen's saw, of Guy's Hospital, London; the guards being introduced under the turned up periosteum.

DR. SAYRE, JR. exhibited a patient with one patella luxated

outwards; flexion, and all movements can be perfectly performed; it has been luxated sixteen years; the external condyle seems to have worn down by friction; the end of the femur also is flattened; the ligament of the patella is much enlarged and thickened.

DR. J. M. ROBERTS presented a case illustrating his treatment by elastic tension, as against rigid traction. One case eleven months ago, had abscess in the knee; circumferential compression and elastic tension were employed; there was no laying up, but the child walked about all the time, every movement being made under the influence of elastic tension. She will now be discharged in two or three months; but then, proper "manipulation" of the muscles (massage,) by competent "rubbers" should be enjoined. The abscess had closed in three months. (Second case.) There was voluntary motion of the knee within 48 hours of the evacuation of an abscess in it; these kind of patients could walk about even sooner after the abscess was evacuated; now, these are exaggerated examples, where you cannot touch them, without their calling out from pain; sometimes, after abscess evacuation, they are about in a few hours. The principles of my treatment are, that a healthy joint requires protection; a joint breaks the linear continuity of the skeleton, acting as buffers, preventing "jarring," which occasions so much pain in joint diseases; thus the skeleton's conductivity is interfered with; vibratory impulses received, are true traumas.

A paper was then read by Dr. Bryant on "Excision of the knee-joint." Dr. B. first removed only thin slices off of the articular ends; this permitted of a further examination. I do not remove all of the *dark* parts of the cancellous bony tissue, as doing so interferes with the growth of the bone. I drain by passing in a bone drill, then introducing horse hairs; the dark portions left, will resume bone function. Two cases were introduced; one had an abscess in the lower part of the femur; the diseased bony parts are gouged out, and the softer parts that are diseased, removed; sometimes I remove all traces of the synovial membrane. A better plan is to remove the patella entire, draining through the popliteal space, or on the sides. I prefer horsehairs, as decalcified tubes may be absorbed too soon; I maintain the articular surfaces in apposition by silver wiring, and the soft parts by catgut sutures. Union of all parts may be delayed a long time, perhaps in places not take place at all; this happening (I.) from improper apposition of the sawn surfaces; (II.) entanglement of soft parts between the ends of bones. Care must be taken in dressing the limb, so as to keep

the parts in apposition ; we may have to wire the bones posteriorly, until quite firm union is accomplished. After the operation, if we flex or extend the leg unduly, the wires may be torn out ; a splint is applied ; this is often seen through the open wound in front. I adopt rigid antiseptic measures ; the bichloride douche ; iodoform dusted on the parts ; and naphthaline and iodoform dressings. In one of these cases presented, only three dressings were made. In the second case, cheesy matter was scooped out of the upper end of the tibia.

DR. ROBERTS remarked that an intercurrent high temperature may be caused by a tight dressing.

NEW YORK NEUROLOGICAL SOCIETY.

Postponed Stated Meeting, April 7, 1885.

W. J. MORTON, PRESIDENT, IN THE CHAIR.

The Treatment of Exophthalmic Goitre.

By A. D. ROCKWELL, M. D.

[Reported expressly for the Eastern Medical Journal.]

I have had experience in the treatment of fifteen cases of Basedow's Disease, or Exophthalmic goitre ; ten of these cases were reported in the *New York Med. Record*, and one in the *N. Y. Med. Jour.* for June, 1881.

Under the use of the galvanic current mainly, six of these cases were completely or approximately cured ; two, decidedly improved ; while in two cases, not the least benefit followed the most varied methods of treatment ; and in one case, only short benefit. The remaining four cases have never been reported, and I propose in this brief article to call attention to them.

It is not to be understood that this number limits the cases of this character that I have seen and treated, but those only which have undergone treatment at my hands for a sufficient length of time to render them of statistical value. The power of electricity in these cases is generally underestimated.

In the management of these cases our efforts should be of a threefold nature : first, attention to diet and hygiene ; second, internal medication ; third, electricity.

Sometimes I have found it necessary to inculcate the observance of fixed rules of regimen, and physical and mental hygiene ; also the repressing of emotions. A bland diet is to be recommended ; and avoiding stimulants, even tea and coffee, relying chiefly on milk. This disease is rare in the male.

Sometimes medicines are of little value, as compared with

electricity; at other times, medicine supplements electricity, though not in the same degree. In my experience, the best combination of medicines is iron, zinc, digitalis and ergot; and I think this treatment should be noted. But the most important therapeutic measure we have is electricity, in the form of galvanism; and it is important to keep up the applications: it requires a long time before full effects are noted.

In case twelve, a lady aged 20, the symptoms were in an aggravated form, the pulse being often 140: after nine months of electrical treatment, having received sixty-nine applications, the symptoms were completely dissipated, a very slight exophthalmos hardly noticeable, remaining; and the pulse being normal at 72.

In the application of electricity we sometimes employ it externally, sometimes introduce the needles.

In one case, the size of the gland increased during pregnancy, and declined after birth of child; also increased after a cold. In another case, symptoms were observed after the birth of a third child; this patient was treated from April to October, '84, receiving 52 applications, with an almost equal result attained as in case one.

DISCUSSION.

Dr. Rockwell stated that the negative pole was placed on the goitre, and the positive on the back of the neck, or over the solar plexus.

Dr. SEGUIN advocated the exhibition of aconitia, in cases of exophthalmos, even without goitre, where there is subjective and distressing heat of the body; I have obtained very satisfactory results, with diminution of the pulse rate, after six or eight months, to 85 or 90; the trembling also diminished. Aconitia is more satisfactory than digitalis; I give $\frac{1}{160}$ grain, in a tumbler full of water, in divided doses during the twenty-four hours, continuing this for a week; the second week, I give $\frac{1}{80}$ gr; the third week $\frac{3}{80}$ grs. I have also given the fluid ext. of aconite, m ij, three times a day; but aenoitia is more reliable.

PRESIDENT. What number of cells would you use?

Dr. ROCKWELL. We all know that the toleration of electricity varies with the individual; I go as high as the patient can bear, from 8 or 9, up to 30 cells, or even more.

Dr. WEBER. I recall one case of a woman who ceased menstruating at 60, having lost flesh rapidly; her pulse ranged from 140 to 160; subjective heat was present. Under bromides and iron she recovered.

Dr. DANA. Some cases are benefited by *rest*, when the gal-

vanic current had been used without effect. I think there are two forms of exophthalmic goitre; (I) neuropathic, a true neurosis, in conjunction with other nervous diseases; there is great difficulty in relieving this form. (II) Symptomatic; there is a self-limitation to these cases; they will sometimes cease spontaneously, or be cured by such simple means as milk diet, which is no treatment at all.

DR. BERG. To treat these cases rationally by electricity, we should apply it to the exposed pneumogastric, which is not practicable; the idea being to retard the action of this nerve; I should also include the region of the heart, as there is increased rapidity of the heart's action. I have seen one case benefited by digitalis alone, the pulse falling from 100 to 75.

DR. LESZYNSKI. I have applied the current up to toleration (placing the poles on the neck,) up to five milliampères.

DR. CORNING. In placing one pole in the hand, and one on the neck, I have experienced no effect; but with the poles on back and front of the neck, I have had measurable effects, ascertained with the sphygmograph; I have noticed a decided retardation of the pulse, measurable with the finger. Electricity slows the pulse in ALL kinds of cases. These cases of *Dr. Rockwell's* should be received as convincing by the profession.

The Fourteenth Congress of German Surgeons, held its Annual meeting at Berlin, on the three days ending April 11th.

Notices, Reviews.

PACIFIC MED. AND SURGICAL JOURNAL.—March No. This monthly is now edited by Dr. Whitwell. The articles are written with care; comprising very important cases, as well as elucidating the most advanced theories of the day.

THE LONDON MEDICAL STUDENT, AND OTHER COMICALITIES. Selected and compiled by Hugo Erichsen, M. D. Published by Dr. H. Erichsen, 11 Farmer St., Detroit. Mich. Price \$2.00.

We have read this compilation with much interest and amusement, and as a remedy to drive away "dull care" we unhesitatingly prescribe this volume. It is compounded for the doctor, and every doctor in the land should appreciate it by possessing himself of a copy. It is mailed post-paid to any address on receipt of price.

GAILLARD'S MED. JOURNAL, N. Y., now continued by Dr. Brynberg Porter, A. M. This is a quarto, thick, and well got up; the articles are by prominent writers.

VOLUME TWELVE OF THE TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION has been received, but too late for an extended review. There is a marked improvement in this volume over those preceding it, showing that progress has been made. It contains many articles of real value to the profession, and is edited in an able manner. It is a book of some 600 pages, well bound in cloth. Alexander Wilder, M. D., Secretary of the Association, Editor.

ANNALS OF SURGERY. This resumed monthly, is edited by Dr. Pilcher, of Brooklyn, and published by the well-known house of Chambers & Co., St. Louis. In style of get up, perhaps this is the handsomest medical monthly in the world; it is a distinctly scientific medical journal, and the articles are by the first authorities.

SPINAL ARTHROPATHIES, a clinical report of six cases of Charcot's joint, with illustrations, by A. S. Roberts, surgeon to the Philadelphia Hospital, etc.

Miscellaneous.

Philadelphia, Pa., Feb. 15, 1885.

J. A. MAGEE & Co. *Gents*: I regard Megee's Emulsion of Cod Liver Oil an elegant preparation, so pleasant, that it can be taken by any person. It contains the three recognized remedies for the treatment of the class of diseases for which it is intended.

C. F. TAYLOR, M. D.

———LACTOPEPTINE continues to hold its well-earned position as one of the very best remedies in the digestive disturbances so frequent in the hot season. In *Cholera Infantum*, especially, when combined with bismuth, it will be found one of the most trustworthy remedies.—*St. Louis Clinicle Record*.

———A SPLENDID OPPORTUNITY FOR THE RIGHT PARTY.—*To Let, Furnished*, for one year, one of the oldest and best located physicians offices in the city of Worcester, Mass. Owing to ill-health the occupant desires to give up practice for one year, and will let, furnished, his office, consisting of Reception, Consultation, Laboratory and a room for giving Electric, Steam, and Hot air Baths, together with the apparatus. The baths alone, if properly conducted, will pay the rent. Price \$25. per month. Address, EASTERN MEDICAL JOURNAL.

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VOL. IV.

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No. 5.

[For Eastern Medical Journal.]

Typhoid Fever.

By I. J. M. Goss, A. M., M. D.

To the physician this is becoming the most important disease of the list of general acute diseases, from the very great prevalence now in all parts of the United States, as well as in Europe. And it is also important from its protracted duration, and its great mortality. It has been described under various names, at different times as it prevailed in somewhat modified forms.

M. Louis, of France, was the first writer to distinguish it from Typhus fever. It is now some times called enteric fever, dothineritis, continued fever, and by some, Typho-Malarial fever, or winter fever. In Germany it is called abdominal typhus. It seems to be unlimited by either soil, climate or season of the year. It is endemic, but often extends over a large area of country. It has prevailed in middle and north Georgia for some twenty years. It prevails more in the fall, winter and spring than in the summer months. It generally prevails more in cities than in rural districts, and more in old settled localities than in newly settled places. Years ago, in the rich valleys of the Mississippi and Missouri rivers, where there was a rich deposit of alluvium, containing a large amount of decomposing vegetable matter, malarial or periodical fevers prevailed, and typhoid fever was hardly known for the first two generations. But finally, as the country became old, and more densely populated, and as the vegetable matter in the soil lessened by cultivation, then typhoid fever began to appear, hence it is now known in all parts of the United States, as well as in the various divisions of Europe.

ETIOLOGY. There is a great diversity of opinion in regard to

the cause of this form of fever. Some believe that it spreads from contagion arising from the body, clothing and bed-clothes of those afflicted with this fever, others deny this mode of its spread among families and in neighborhoods, or in towns and cities. While I believe that the efficient and startling cause is a peculiar poison, produced by accumulated animal matter, decomposing excretions, as in cities, camps, prisons, and other very greatly crowded places, together with vegetable matter decomposing under favorable conditions. Yet, I am thoroughly convinced, from an experience of thirty-five years practice upon this disease, that it can be carried from neighbor to neighbor when in contact with those afflicted with this disease. The intestinal evacuations of the sick are fruitful sources of contagion. There are disease-producing germs in the excretions of the body, as well as in exhalations from the lungs and skin. The air, water, and even milk in dairies may be impregnated with these germs, if proper care is not observed about the sick chamber. It has often been traced directly to the influence of foul air from cess-pools, sewers, and waste-pipes, and sometimes it starts from wells near sewers in bad condition.

I have often met with isolated cases of this form of fever in a family, surrounded by family and visiting friends, but as the urinary and fecal excretions were promptly removed from the house, the disease did not spread. And I have also known it to spread rapidly in certain favorable localities, even where every care was observed to prevent it. I have noticed that houses built on the ground, or near the surface of the earth where trash would accumulate until a nitrous fermentation took place, were apt to be liable to give the inmates this fever. There is a specific germ of this fever furnished both by the excretions of those suffering with the disease, and also from animal and vegetable matter in a certain state of decomposition, or fermentation. This fact I have observed from a practice through thirty-five years, in which time I had a large number of cases almost every year. I have noticed also that the best writers and most careful observers, as Flint, Bartholow, Roberts, and N. S. Davis, all admit that excretions of patients suffering with typhoid fever, especially in vaults or moist soils, or any places favorable to decomposition, will develop into direct infection, and quickly produce this disease, either when the vapor arising from such excretions is inhaled, or where the drinking water may be impregnated with such excretions by percolation through the earth near wells or cisterns.

Van Recklinghausen, Klebs, Klein, Eberth, Fischel and Sokaloff have all discovered *Micrococci*, *Bacilli*, or bacteria in about

one third of the cases that they examined, these germs were found in the intestinal follicles, spleen, and mesenteric glands. Some writers contend that this fact does not conclusively prove that this specific germ causes the disease, but to me, it seems to be the cause instead of the effect of this disease. There is some specific organic poison that produces this disease, and a more thorough investigation of its nature is essentially necessary, in order that we may be led to antidote this specific infectious material. It appears then that typhoid fever originates and multiplies in dwellings which are either overcrowded or badly ventilated or left uncleansed. Densely populated cities show the highest ratio of mortality, and crowded tenant houses, factories, and filthy dwellings also are liable to this disease. (For full description of this disease, see the Authors Practice). * This disease frequently approaches more gradually than typhus, it requiring from five to ten days frequently for its full development. The stage of incubation is from seven to ten days, and sometimes longer.

The patient complains of a feeling of languor, weariness, morbid sensations of heat and cold, loss of appetite, bad taste in the mouth, an unpleasant feeling of numbness in the head, sometimes a dull headache, pain in the limbs and back. There is also a dull expression of the countenance, the lips are generally dry, and a dull, dirty white coating is found on the tongue. The skin is dry and harsh, and above natural temperature, the urine is scanty and high colored, and frequently the bowels are torpid at first, but easily moved. The symptoms increase from day to day, until about the fifth day the patient takes his bed, which may be called the second stage of the disease. About this time the patient may complain of being chilly, especially when exposed to a stream of cold air. The bowels now, instead of being torpid, may run excessively, unless they are checked.

There is now disgust at food, the mind gradually growing more and more dull, with a tendency to sleep, with looseness now of the bowels, and some tympanities, with pain in the right iliac region, with gurgling sound upon pressure; the pulse now rises to one hundred or more per minute, the temperature gradually rises say 10 to 100° F. in the morning, and 102°, in the evening. All these symptoms gradually intensify from day to day. The mind becomes wandering, and finally delirium sets in. The discharges from the bowels become very thin, and of a reddish-brown color, and very offensive. Hemorrhage may take place now, from some part of the alimentary canal or from the nose. Small red spots may now appear on the chest and abdomen.

* See the Author's Practice—on Typhoid Fever.

About the second week the fever reaches its climax, and remains stationary perhaps for a few days, or it may gradually rise.

About this time the tongue becomes very dry and brown, and sordes cover the gums, and partly cover the teeth and edges of the lips, and the abdomen becomes more tympanitic. The pulse may rise now to 120 beats per minute, and become soft and weak, and some cough may supervene now. About the third week in favorable cases, the temperature lessens, the sordes leaves the teeth and lips, the mouth is slightly moist, the tongue cleans off; the skin becomes moist, the tympanities ceases, the discharges from the bowels become more seldom and thicker, and the delirium ceases, and now the patient may convalesce slowly. But in a large majority of cases the patient does not thus begin to amend, but on the contrary, about the fourth week the patient becomes prostrate. His countenance assumes a haggard appearance; his mouth opens, deglutition becomes difficult, his skin becomes clammy; his extremities become cold, his pulse becomes very frequent and quite feeble; the sphincters become relaxed, and the urine and feces pass involuntarily; or the urine may be retained until it is drawn with the catheter. Asthenia may supervene, and the patient thus sinks exhausted.

Diagnosis.—From typhus, typhoid fever may be distinguished by its longer prodromic stage, the gradual rise of temperature, whereas, typhus begins abruptly, and the temperature rises rapidly. Other fevers, in the first stage, especially eruptive fevers, are attended by high febrile excitement. Then again the tympanites, the tenderness and gurgling sound upon pressure, the thin, watery discharges from the bowels, and the great tendency to typho-mania indicates typhoid.

Prognosis.—Notwithstanding that the general tendency is to recovery, yet the mortality is fifteen to twenty per cent. in Europe, and some twenty-four per cent. here. Where the temperature is maintained at or above 105° F. during the second week it indicates great danger, and if the same high temperature is continued both morning and evening during the third week, it is still more unfavorable to prospects of recovery. But where the temperature is only high in the evening, and falls in the morning to 99° or 101° F. during the second and third week, it indicates a favorable termination of the fever.* But the condition of the lungs, bowels, and kidneys afford the more reliable prognostic indications of a favorable termination. If the kidneys fail to eliminate the urea and ureates, there is danger of a fatal result. If there is great distention of the bowels, with tympanites the discharges frequent, and mixed with blood, or unusually offensive and become enlarged, with a soft, very frequent, wary pulse,

then we may expect a fatal termination. Hemorrhage from the bowels indicates great danger. Perforation of the bowels almost always proves fatal, even in convalescence.

Pathology.—In this disease the poison, whatever it may be, has the power to impair the natural excitors of organic life. And it seems also to impair those atomic changes essential to the process of nutrition, disintegration, secretion, and elimination. In consequence of which nerves ensability, and the generation of nerve force, and the activity of all the functions of life are retarded. Those processes by which free heat is rendered latent are impaired, hence the high degree of temperature. The impairment of secreting structures allows the accumulating of effete material of the body, and consequently the deterioration of the blood. It is then a disease of great depression of vitality. *Morbid Anatomy*. The blood is changed, it is darker, coagulates slowly, the albumen is lessened. The aggregated glands of Payer, or elliptical plates are red and tumefied in the early part of the progress of this fever. And after death they are found softened and frequently ulcerated. The solitary glands of Brunner are much enlarged, but seldom ulcerated. The mesenteric glands are also enlarged, softened, and sometimes of a creamy consistence. These changes are mostly found about the junction of the ilium with the colon.

Treatment.—The etiology and pathology of the disease point out abortive measures as paramount in the incipency of the disease. I have found the chlorides, the baptisia, and the oil of sassafras as valuable antiseptics. The patients' room should be filled with the carbolate of iodine, eucalyptus, or the permanganate of potash, or ozone itself. The body should be frequently washed with antiseptic solutions, as the sulphite of soda, or the chlorides. All the excretory organs should be kept acting to prevent the deterioration of the blood by the accumulation of waste materials from the tissues. All complications must also be met as they arise, and the patient should be properly nourished. To control the circulation, aconite is preferred to any other arterial sedative, say igtt. every hour or two according to the urgency of the symptoms. The brain should be protected by giving four to five gtts. of tinct. of belladonna twice or thrice a day, as soon as the patient complains of pain in the head, or as soon as the mind becomes affected. When diarrhoea sets in, some mild astringent, and the tincture of geranium should be given to control the diarrhoea. The body should be frequently sponged if it be in the summer, and if it be winter, tepid sponging is also necessary to wash away effete or waste materials, that are very injurious to the patient if not removed.

MARIETTA, GA.

Gynecology.

While I was a resident of Indiana, I gave a statement upon the therapeutic effects of Caulocorea in functional derangement of the uterus and its appendages. Just previous to my coming to this city I prescribed Caulocorea in a case especially indicating its use. The result was so gratifying to myself and the patient that I have many times mentally promised to make a report. Mr. B., of Michigantown, Ind., consulted me in May, last, on account of the persistent sick headache which his wife had suffered with for five or six years; whereupon, like many of the faculty ever ready to fire at the enemy in the dark, I prescribed the usual remedies for sick headache, with instructions to bring Mrs. B. to my office at a future time, "if the head trouble persisted." About three weeks after, on May 25th, the couple came in to see me. I readily learned my remedies had failed to mitigate the head troubles. My diagnosis was easily arrived at and proved to be not sick headache but a uterine trouble, accompanied with anæmia, resulting in the usual phenomena, pain in the head, with great photophobia. I might say this is a feature I have many times found to exist in protracted cases of metorrhagia, do not confound the term with menorrhagia, the latter being used to denote an excess of the menstrual flow, the former indicates a hemorrhage, a profuse bleeding from the uterus, not connected with the menses.

In connection with pain in the head there was apparent incipient anasarca, resulting from impoverished blood. Not, however, as Andral and others claim, that the only source through which the blood can be deprived of its albumen is through the kidneys, or as a consequence of albuminuria; on the other hand, the fact has been discovered and satisfactorily demonstrated, by Rodier and others, that there may be a loss of albumen independent of albuminuria, establishing the fact of the existence of two kinds of anæmia, one resulting from loss of red globules of the blood, as would be the case of chlorosis, the other resulting from loss of albumen, following profuse hemorrhages, or from want of a due amount of wholesome food or malassimilation. In the case of Mrs. B. it was no doubt the result of profuse hemorrhage, entailing a long train of morbid symptoms, loss of albumen producing anasarca, great exhaustion, excruciating pain in the head, pallor, palpitation and vertigo.

To overcome this atonic state of the uterine vessels, and thereby remove and entirely eradicate all its consequent long train of evils, I at once prescribed Caulocorea, (J. W. Lowell's formulæ,) with nutritious diet, proper rest and exercise; at the end of ten

days there was no recurrence of head pains. After continuing the Caulocorea two months the patient was discharged, declaring she felt stronger and livelier than for years. It is now five months since Mrs. B. has required or taken a dose of medicine.

LIMA, O.

S. M. SMITH, M. D.

[For Eastern Medical Journal.]

Pneumonia.

BY C. E. NELSON, M. D.

Having been asked to write some lines on this subject, I with diffidence comply; knowing how diametrically opposite the treatments are, even in the same school; and keeping in view, furthermore, the recent allegations as to germ causation, infection, and filth production. It seems hardly becoming in me, one of the rank and file, to criticize the opinions and scientific experiments of men who are accounted celebrated (from their public positions,) and whose remarks are copied throughout the world. In this connection, however strong the positions of these observers may be to-day, it should be noted with due caution, that their frequent hypotheses are often floated on the scientific market, but not sustained. The germ theory of disease (because the germs, or cocci are positive entities) is based upon the fact of the admission of air; as bacteria are not produced in vacuo: therefore it is presumed, in regard to causation of disease, that the different and separate disease germs are inhaled, or taken in with food.

Whether this is a vicious circle of reasoning, or not, can only be determined by future research, conjoined with sound arguments. Granting the premise, that pneumonia may be contracted by receiving the cocci from a pneumonia patient in the same house or room, the question is how did that pneumonia patient originally receive the cocci? The answer might be, he may have passed by somebody in whom the disease had commenced; and so on, ad infinitum. Finding cocci of the various diseases in wall-scrapings, would prove possibly that they had been exhaled, or had arisen from dejecta of the patient. The crucial test would seem to be, if the air of the apartment had been analyzed before the period of incubation had commenced, for presence or absence of pneumonia cocci.

In regard to infection, and filth production, I will make the following suggestions: Although German observers credit a small percentage to "taking cold", still in our country of variable climates, in isolated cases, the affection can generally be attributed to cold, by exposure; and almost invariably no one else in the house will contract it.

As regards filth causation, pneumonia is frequently seen in the elegant houses of the wealthy, and only one person be attacked; if that person die, another member of the family may attend the funeral, which may be in winter, or unpropitious weather in the spring, stand on the cold or wet ground in the cemetery, after leaving a steam-heated house, and incontinently contract pneumonia; and, now again, only this one second person be possibly attacked in the house.

Secondly, and here is an important point, in public institutions or in a row of badly sewered or plumbed houses in a town, a number of persons may be taken with pneumonia: they may all, every one, have taken cold, and still the disease (whether marked by general fever, or not) be stamped with symptoms caused by foul air; in this case, the disease is complicated, rendering the prognosis more uncertain. But we should not let this conjuncture of circumstances make us believe that the foul air *originated* disease of the breathing apparatus.

In the same way, rural (in contradistinction to civic,) malaria may stamp fevers, or any abnormal condition; as it often stamps the natural condition of pregnancy.

Pneumonia may be occasionally caused by severe injuries, surgical operations, and extensive burns; surely in these cases, there can be no coccus.

Pulmonary consumption may also be induced by the suppurative discharge of burns.

As regards "pneumonia being a *disease of dwelling houses*, like typhoid," as Yürgensen states, both that and typhoid are found in armies; although, as a rule, trappers and persons accustomed to camping in the open, are much less liable to taking cold, than people living in houses.

As regards *age*, it may attack during any age.

Regarding therapy, there is a large latitude of choice, the most opposite methods being followed, each furthering success, according to their claimants.

NEW YORK CITY.

Uterine Diseases.

The great prevalence of Uterine Diseases is well known to every physician, and hence any remedy of real value in the treatment of that class of diseases is hailed with delight by every genuine disciple of Æsculapius. I will, therefore, proceed unsolicited to give the profession the results of my experience with Aletris Cordial, as prepared by the Rio Chemical Co., of this city (of which Mr. Richardson, of the well-known wholesale drug

house of the Drug Co., is president). The remarkable and uniform success following the administration of this Cordial in Diseases Peculiar to Females certainly entitles it to the name of Uterine Tonic and Restorative. In Dysmenorrhœa I have found it to be the "right thing in the right place." In my practice it has proven also eminently successful in the treatment of Amenorrhœa, given in doses of one or two teaspoonfuls three times a day—no remedy in my knowledge is more reliable when this disease is uncomplicated. The menstrual flow (when not caused by pregnancy or mechanical obstruction) is usually restored in such a natural manner that the patient is scarcely aware that it is caused by the action of the medicine. Of course if complications exist, auxiliary remedies will be needed. It may seem strange for me to say that the Aletris Cordial has also proven itself to be a remedy of rare value in Menorrhagia, but this action of the remedy can be readily accounted for, when the fact is taken into consideration that, "it restores normal action to the uterus, and imparts vigor to the entire uterine system," and therefore must be valuable in either Irregular, Painful, Suppressed or Excessive Menstruation. That it is a special tonic to the Reproductive organs there is no doubt. It can be called Restorative, because it invigorates the appetite, promotes digestion and assimilation, and thus improves the quality of the blood and builds up the general health. The spasms of the hysterical female can generally be controlled by the use of the Aletris Cordial alone, but sometimes the bromides or Celerina may be required to use in conjunction with it. If there is Prolapsus Uteri, Inversion or Retroversion, it is obvious that the womb should be replaced, and the Cordial should be given until the tone of the urine and general system is restored. When combined with Celerina in equal proportions, and administered in teaspoonful doses four times a day, it is a remedy of peculiar value in the treatment of sterility and impotence in the female. The restoration of the sexual appetite is the sequent of the restorations of the organs to perform the healthy functions assigned them by nature. For correcting the tendency to Miscarriage the Aletris Cordial, in my experience, has no equal in the materia medica—when the womb has aborted for years successively, its continued use has carried cases through the full period of gestation. Where women have aborted during previous pregnancies, the Aletris Cordial should certainly be continuously administered during the entire period of gestation. This remedy can usually be depended on alone to cure ordinary Vaginal Leucorrhœa, but, in severe cases, an injection of a solution of Kennedy's Pinus Canadensis (say one ounce Pinus, water one half

pint) should be used at the same time. As a special tonic to the uterine system, and therefore valuable in the treatment of all forms of womb debility, the practitioner who gives the preparation a fair trial will find no remedy deserving of greater confidence. To sum up my opinion of the remedy, *based on my own clinical experience with it*, I will say, that in all diseases arising from uterine derangements, the Aletris Cordial is the remedy indicated.

P. A. MEDLIN, M. D., PH. D.,

St. Louis, Mo.

Concentrated Foods.

Medical men are now recognizing the value of malt extracts as food in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations for dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy also for constipation and chronic diarrhoea resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company of New York bears a high name, and this has been still further emphasized by the award of a Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats,) the only preparation composed of these three cereals. Professor Charles R. C. Tichborne, after examination of the unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients in these foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: five and a half per cent.

of flesh-formers; seven per cent. of heat givers; two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquified "twenty parts of starch in two minutes," and had completely changed or digested that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this preparation. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat,—a food is obtained which represents the average composition of the three cereals, and that food already digested for use, a condition of immense value to the physician in those special cases where the digestive functions are impaired.—*Midland Med. Fr.*

———To THE Gynecologist The Eureka Operating Chair should be of especial interest. The examination of the cuts and reading of the description of the chair found on these pages are alone sufficient to persuade any one of the utility of the chair for the purposes indicated. There is one at this office, and forms almost an indispensable necessity, as well as heartsome luxury.—*Indiana Eclectic Medical Journal.*

———MESSRS. Parke, Davis & Co., with characteristic promptness, advertise the disinfecting preparations recommended by the Committee on Disinfectants of the American Public Health Association.

———IN A letter from Hasting's Oswego Co., N. Y., R. J. Duiron, M. D., writes, I consider Geddes Extract of Hemlock (*Abies Canadensis*) a most valuable preparation. I have used it in cases of Uterine diseases with excellent results. I have two cases in hand at present, one of chronic enlargement of the Uterus, and the other of inflammation of the Uterus, which I am treating with the extract and am happy to say that both are making a rapid recovery.

———NERVOUS EXHAUSTION. E. Palmer, M. D., of Bolder, Col., says: "I am much pleased with Celerina. It has not failed me when indicated. It is well adapted to cases of nervous exhaustion, due to excessive mental labor."

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Editor,
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Worcester, Mass.

Assistant Editor.
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109 E. 85th St., New York.

WORCESTER, MASS., MAY 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Pneumonia in New York,

The following article, by Dr. Peters, of N. Y., was recently read to the legislature at Albany, by a committee of the Ladies' Sanitary Association:

"Up to twenty or thirty years ago physicians were almost as little afraid of pneumonia as of measles or croup. In those times pneumonia was a simple inflammation of the lungs; but gradually as nuisances and foul air began to abound in New York the type of pneumonia changed, as croup did into diphtheria, and that into a more malignant and virulent one, in which blood-letting, tartar emetic, etc., not only did no good, but went far toward depressing or killing the patients, and hence had to be totally abandoned.

"Next quinine was used as the best remedy against the effects of bad air or malaria; but although it would cure the malaria of swamps, or that coming solely from vegetable decay and decomposition, it was found powerless against the malaria caused by animal filth and decomposition, including that from garbage storage and neglect of human and animal filth and butchers' offal. Then beef tea and stimulants were resorted to, with even less good effect, and the most powerful tonic alteratives like iodine and arsenic.

"I have no statistics of pneumonia in the Nineteenth ward, but every one may be sure that the mortality there is large. Dr. Austin Flint and many other distinguished consulting physicians now regard pneumonia, not as a simple, pure inflammation of the lungs, but as an infectious civic malarious fever, which will run its course, like measles or scarlet fever, unchecked by treatment, but merely lessened or modified by it. The sole resort of many physicians now is to keep their patients alive, while the disease does its best or worst, and are only too thankful to do that.

"The celebrated microscopist, Dr. Koch, has lately discovered

the disease germ of pneumonia, and thinks, like diphtheria and consumption, it is spread by germs and is infectious. In fact, pneumonia has long been called croupous pneumonia.

"From nuisances like the last side slaughter houses, numberless filthy stables, foul manure pits and nasty out-door privies the air of great cities is so bad that few surgeons dare perform any important operation without the most careful antiseptic precautions. But pure air would do all, with little medical treatment. The removal of all the nuisances of New York, the greatest first would at once lessen the mortality from all diseases, and the 10,000 lives which are unnecessarily sacrificed every year to foul air would be saved. If 10,000 people were to die of cholera in New York in one year, the whole world would be agast. But the subtle poisonings, worse than those of the Borgias, which are going on every day from foul air excite little attention from a thoughtless public, and even the so-called Board of Health tells us that the mortality in the Fifth, Madison and Park avenues is as great as in Mulberry, Baxter and Jersey streets."

Delinquent Subscribers.

We are again obliged to remind some of our subscribers that they are behind in their dues to the JOURNAL. Many have not sent us a penny for two years, and *very* many owe us for one year. Now gentlemen, we have placed the price of the JOURNAL low, that *all* can afford to *pay* for it, and we *want* the money. We publish a magazine which, when compared with others, is worth at least twice the price asked; and in order to do this we *must* have pay for every one sent out. Will all who are in arrears please remit at once.

"A subscriber" desires to know if there is an Eclectic Medical College in Massachusetts. To which we answer, No. The trustees of the Worcester Eclectic Medical College still holds the charter, but as yet do not deem it advisable to launch forth. The nearest college of this school, now in operation, is in N. Y. City.

We learn that the trustees of the "Eclectic Medical College of Maine," applied to the Legislature for permission to omit the word "Eclectic" from their name, but it was not allowed. Eclecticism would have been better off had the request been granted, but it would have been hard on the Old School to have been obliged to shoulder the concern.

Notices, Reviews.

REPORT OF COMMITTEE ON SCHOOL HYGIENE IN TENNESSEE, by D. F. Wright, M. D. This exhaustive report fills a want long experienced in this class of literature. Instead of noticing this pamphlet in a short and formal way, it will be to the interest of the readers of the JOURNAL; to give an article relating to the manner in which this subject is treated by the author. His statements, which often rise to the dignity of aphorisms, cause one to lay down the pamphlet momentarily, and reflect not only on their importance, but to look keenly through the vista of thought opened by their persual. For instance, take the opening paragraphs, "For good or evil, the constitutions of most persons are determined for life by the events within the average child's school days, between seven and fourteen years, between the second teething and puberty. Up to the fifth year the child has struggled for life; after this, to adult life, the *nervous system* is liable to be affected by the events of the scholastic period."

The author's deductions point to the idea that over study, want of sympathy on the part of a teacher, bad sanitation, over-stimulation in regard to gaining a standing in class, all work insidious inroads on the constitution and nervous system, especially in the female sex. He goes carefully into detail; for instance, in the case of girls, he advocates standing up at the blackboard as little as possible, during the days of menstruation. Many little points which would escape the criticism of a lay commissioner, nay of many a medical man, are here brought out and subjected to a calculating scrutiny. The vigor of the investigation is equalled by the extraordinary clearness of diction. The author goes so far as to say that certain well-known affections are intensified or brought out from a latent state, by scholastic regimen, frequently impressing on the constitution lesions which appear in multifarious forms in after life, and which, when they fall short of disease, leave behind them moral and intellectual infirmities, generally all attributed to original defects of character, but really attributable to thoughtlessness, mismanagement during education.

Dr. W. thinks that at the age of puberty, children should be carefully looked after and treated most carefully, considering that then they have a new and extra physiological onus to bear; in our mind, this idea is perfectly new, as regards avoidance of over-stimulation at that time. In this connection he explains scientifically (p. 10.) how sharp boys will often become sluggish at puberty; he notes the sudden physical growth at fourteen;

“thoughts and emotions requiring a vast expenditure of nervous force, leaving but little to spare for severe school exercises.”

Really, if parents were to cease sending children away to school, as cattle are sent to graze, and instead, treat the matter in a scientific way. After pausing and mentally digesting this pamphlet, we should see far less amount of hysteria and other nervous dyscrasiæ, in after life; the solid foundations of which are laid in the systems of injudicious schooling. He explains how school-boys supposed to be stupid, often afterwards turn out great men; this, instead of being a crude saying, is elucidated at pages 13, 14. We regret not having space to follow the doctor through the sections devoted directly to matters of hygiene, all bearing on the functions.

We recommend Dr. W. to rewrite this report in an abridged form, and republish in one of our medical journals; it certainly should not be lost among archives.

GEOLOGICAL SURVEY OF NEW JERSEY. ANNUAL REPORT OF THE STATE GEOLOGIST FOR THE YEAR 1884. We have received the above report by Prof. G. H. Cook.

After noticing the geodetic and topographical surveys of this state, it proceeds to the description of recent formations, as evidenced by the discovery of buried forests at the clay pits near South Amboy; the time since these forests were buried is computed to be less than 300 years ago; the means by which this conclusion is arrived at are detailed on p. 14. At p. 23, a notice is given of the recently uncovered basaltic columns in a quarry at Orange; this formation of traps rock is scientifically treated, the supposition being that while in a fluid state, the traps intruded between the descending layers of red sandstone; and even burst through the same in places.

The dip of the Cretaceous and Tertiary strata is clearly shown, down to and under the sea, by means of the boring of artesian wells, in plate II. In plate III, the singular form of the ocean bottom is shown; the bottom deepens three feet to a mile, to the distance of one hundred miles from shore; the bottom then suddenly and almost perpendicularly descends one thousand fathoms, at this distance, giving the appearance that the shore line was at this point; this is clearly shown by blue tinting.

A list of mines is given, which is very useful.

The drainage of swamp meadows is adverted to on p. 112.

The section on Water Supply is divided into four sub-sections, Artesian Wells, Orange Water Works, the new question of a State Water Supply Commission, and Purification of Water.

Artesian wells now supply ocean resorts.

Alum is considered the best water purifier.

The iron ore shipped last year was 393,710 tons.

The product of zinc mines was 40,094 tons.

Society Proceedings.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting April 16, 1885.

A. JACOBI, M. D., PRESIDENT, IN THE CHAIR.

[Reported expressly for the Eastern Medical Journal.]

Previously to the reading of the paper of the evening, a very handsome oil painting of the late president, Fordyce Barker, L. L. D., was presented to the Academy, through Dr. Markoe; the painting was the gift of Mr. and Mrs. Astor. Dr. Markoe ascended the stage and read a eulogistic description of Dr. Barker's life and achievements; allusions also being made to the recent attacks, and to the code imbroglío. The president accepted the portrait, on behalf of the Academy, replying in an appropriate speech.

DR. JAMES B. HUNTER read a paper entitled **ENDOMETRITIS; ESPECIALLY FUNGOSITIES RESULTING THEREFROM.**

After minutely describing the anatomical and microscopical appearances of these fungosities, the question of symptoms was considered, menorrhagia being the principal; sometimes a constant discharge of serum; these patients losing flesh and strength, and becoming anæmic, as though the loss were of blood. In regard to etiology, the growth of fungosities seems to be generally a result of chronic congestion; it is commonly found in cases of subinvolution; also in neglected retroversion or retroflexion; and in laceration of the cervix; fungosities are often found associated with fibroid tumors of the uterus, and should always be suspected in cases of fibroids. Differential diagnosis was then considered, from various other growths. As regards treatment, the reader did not consider it necessary to dilate the cervical canal, to use the curette, as the presence of any growth within the uterus tends to cause a patulous condition of the canal; curetting should be done under the influence of ether; I use a blunt curette, bending its curve so as to reach every part of the cavity. Cotton should then be used to remove the loose fungosities, and to cleanse the uterus. Churchill's iodine, or carbolic acid is then applied to the surface.

The discussion was opened by DR. W. GILL WYLIE who merely differed in some details of the treatment. I never use a tampon in the vagina, as doing so violates the first laws in surgery, as regards drainage; I stop hemorrhage, after the removal of vegetations, in other ways than by using a tampon; we have styptics, cold water, carbolic acid. I usually wait three quarters of an hour with the patient; before antiseptics came in vogue, we remember how tampons retained twenty-four hours, gave forth strong odors; tampons can now be rendered aseptic; but blood effused within the uterine cavity can, by a tampon, be forced through the Fallopian tubes, causing serious injury. Tampons should only be used in the most absolute necessity. I always dilate the cervical canal to some extent before curetting, so as to secure perfect drainage; otherwise the os internum may be torn by the curette, if this be not perfectly constructed; we can also thus use the instrument better. In some operations, the soft metal curetts had to be thrown aside, and the so-called sharp curette taken up; but not the sharp curette in the sense generally understood; there should be one universal curve for all curette; a tenaculum is inserted into the cervix; by this means, any flexion can be drawn out. Using a sharp curette does no injury to healthy tissue, as we can easily tell morbid tissue by the feel; a dull curette is a useless instrument, the granulations being soft, it is useless even in simple fungus.

DR. MUNDÉ considered laceration of the cervix, and involution of the uterus as a cause of fungosities, from the attendant congestion. In some cases, amenorrhœa is present, instead of metrorrhagia, and menorrhagia; although a severe flow will occur once every few months; in these cases I have found the uterus full of fungosities; there may be irregular menstruation. The blunt curette has become popular; we will fail to make a cure, if the base of the fungosity is not removed, as there are constant changes taking place from hyperplasia of the parts, we must scrape well down to the bottom, but the curette should not have a stiff shank; I use a sharp curette with a stiff shank for operation, and a dull curette for diagnosis. In subinvolution we may have hemorrhage in six months; I plug the uterus as well as the vagina, and very rapidly, too; I operate under anæsthesia; I do not consider it safe to leave a patient without tamponing. In regard to preliminary treatment, it is necessary to dilate the cervical canal to a quarter of an inch, also straitening it; after operation, we mop the uterine lining with an applicator, using iodine and glycerine, leaving the cotton wool in the uterus; I then tampon the vagina, removing the tampon in 48

hours; antiseptic treatment should be properly followed. After operation, we should keep up the treatment by applications of iodine, two or three times weekly, for months; otherwise fungosities may return in a couple of years; we must see the patients over a few menstrual periods.

DR. LEE. At the Woman's Hospital I have seen cases of pelvic abscess, after these operations, even under skillful hands; it is never necessary to use a dilator, as we can use the cùrette in any direction without; before operation, I wash out the uterus with a solution, to prevent hemorrhage; after operation I again wash out with a weak solution of carbolic acid; as it is difficult to get rid of the crumbling masses resulting from the coagulations formed by iron, when this is used. I afterwards use iodine with a small quantity of chromic acid, in four parts of alcohol; Iodine alone, in strength, is equal to alcohol; I employ the blunt curette.

DR. B. F. DAWSON had seen general pelvic cellulitis occur after the use of the sharp curette. As to dilatation; in these cases, the internal os is large, and the canal patulous, from the catarrh which accompanies these cases, I depreciate the ferocity of modern gynecology; and am opposed to indiscriminate surgery of the cervix.

DR. HUNTER, in closing the discussion, remarked that one is apt to have hemorrhage, if all fungosities are not all removed; for this purpose, a blunt curette is sufficient; vegetations will return, if the original condition remains.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting April 27, 1885.

DANIEL DEWIS, M. D., PRESIDENT, IN THE CHAIR.

The Influence of Sea-Voyaging on the Genito-Uterine Functions

BY J. A. IRWIN, A. M., M. D.

[Reported expressly for Eastern Medical Journal.]

The monograph which I have the honor of presenting to the Society is, in many respects, incomplete and defective. It has, however, a quality which alone would suffice to commend it to your indulgence. It labors in a field almost entirely unoccupied; and although it may scarce pass the gate, its way is free from the wearisome, often unconscious, repetition which mars so much of our now plethoric medical literature.

It has long been observed that serious disturbances of the genito-uterine functions are apt to occur both during and subse-

quent to a sea voyage ; yet nothing definite is known upon the subject, and no effort has been made to investigate the cause, nature or extent of these disturbances, or to ascertain the class of cases most liable to them.

This oversight is the more surprising when we consider the general interest and importance in the matter—the extent and increasing frequency of transatlantic travel ; the necessarily large portion of woman's existence which is subservient to what has been termed "the genital sphere," or the normal processes of menstruation, uterogestation, parturition, and lactation ; and, lastly, the amount of intelligent study which has of late years been devoted to the special phenomena of female life.

When, six years ago, I temporarily retired from active practice in order to devote a period to travel "by sea and by land," I set myself the task of investigating this subject ; and incidentally the other conditions of medical interest connected with sea-voyages and tropical climates. During the three or four summer months of 1879, 1881, and 1882, I served as medical officer on crowded transatlantic steamers, and at other times I have made voyages either as surgeon in charge, or as a passenger, to India, Africa, Maderia, Brazil, Chili, and other distant places.

In fact my opportunities of observation have been considerable, embracing the medical care of not less than fifteen thousand persons at sea ; but even this experience upon a subject so complex, and unguided by previous research, is manifestly insufficient whereon to formulate final conclusions. It has, however, led me to opinions, which, if confirmed by future investigation, will unquestionably prove of value to those engaged in the practice of gynecology or general medicine.

While on ship-board I formed a record of 104 pregnancies, 12 parturitions, 3 miscarriages, and 451 menstruations or missed periods occurring among women in whom the function was usually normal and regular. I have also, whenever possible, and always under circumstances of exceptional difficulty, watched and treated various forms of uterine and ovarian disease, while subject to sea influences, and contrasted the results with those ordinarily obtained when dealing with similar conditions on land.

The credit of having demonstrated the true pathology of seasickness, or more correctly, motion-sickness, or *kineita*, if I may coin an easy term, is now pretty generally accorded to my paper upon that subject published in 1881. I may be pardoned the egotism of this allusion since the theory of the causation of seasickness, and of other functional disturbances incidental to life at sea, is more or less prefatory to what appears to be the best explanation of the menstrual irregularities we are considering.

It may be summarized as follows : The ordinary form of sea-sickness, that is, the form caused by the easy gyrations of a large ocean steamer, is essentially *a disturbance of equilibration*. The initial lesion takes place within the semicircular canals of the internal ear, where the endolymph and otoliths, following the irregular movement of the vessel, convey to the sensorium erroneous impressions of the head in space ; this soon results in dizziness, which is followed in due course by nausea and vomiting ; and even when later, as is usual in tedious cases, other parts of the organization become involved, an hyperæmia of the parts concerned in the equilibration remains a main factor in the general syneresis of nervous and functional derangement.

In fact, for practical purposes, sea-sickness may be regarded as a mild transitory semi-physiological prototype of the non-cochlear part of Ménière's disease.

But even more instructive in the present connection are some of the other phenomena which, although not necessarily associated with seasickness, ordinarily accompany a voyage. Most prominent among them is the drowsiness and persistant sluggishness of mind so usual on ship-board. This condition is evidence of the influence of motion upon the cerebral circulation—and that it is caused by the movement of the vessel, and not by the qualities of the air or otherwise, may be inferred from the fact that a like effect is produced by similar motions under circumstances precluding the possibility of other cause. This was demonstrated long ago by Erasmus Darwin's machine, intended for the cure of madness, and by the similar experiment of Reid, who constructed an elaborate apparatus for swinging sleepless patients ; more familiarly, by the use of the cradle and the soothing influence of the rocking-chair.

The general recognition of this effect forms, no doubt, the basis of the ancient belief that a sea voyage was beneficial to lunatics, and also the popular, but untenable theory that sea-sickness is caused by anæmia of the brain.

Holland accredits sea-sickness to a combination of cerebral anæmia, with pulmonary congestion ; and worse than *non-sequitur* as may be his reasoning, I am satisfied that his observation of facts is substantially correct, and that the effect of sea-motion upon both brain and lungs is in the directions indicated.

The constipation, often troublesome at sea, and various minor effects of a voyage might also be cited to prove that the movements of a ship exercise some peculiar influence upon the ganglionic centres and sympathetic system, by which is altered the production of nerve-force, and the volume of visceral circulation.

Upon both sexes, but more especially upon the female, the

aphrodisiac influence of the life afloat may be accepted as a traditionally excepted fact. To test its universality or estimate its degree would be a manifestly difficult task, nor can it be deemed important, since the introduction of steam has so materially abridged the duration of ocean voyages. It is easily understood how an increased blood-supply to the genito-uterine organs should stimulate sexual instinct; there are, however, on ship-board a variety of co-incident circumstances all tending in the same direction: the mentally soothing influence of the sea, the invigorating constant proximity of the sexes, the relaxation of social restraints, the indolence of life, and lastly, a universal idleness—"the mother of mischief." Dr. Brice mentions the case of a lady whose life was exemplary, and who had reached the meno-pause, but who found herself constantly tormented with amorous dreams every night while at sea.

The distinction of cases likely to be benefited by a voyage, from those in which there would be danger of positive injury, follows almost as corollary upon the views already expressed.

An ocean voyage should be regarded as *a potent emmenagogue*, having, in addition to this special quality, a well-marked tonic, alterative, and sedative influence. With this character it is entitled to head the list of therapeutic agents of similar effect, and should no longer be prescribed empirically, but, as they are, with a definite object in view. There are many cases in which these local and constitutional properties are especially indicated, and in which they may be jointly utilized with excellent results: in the conditions included under the term chloro-anæmia; in amenorrhœa, dependent upon deficient tone, or an undeveloped state of the organs; in retarded sexual maturity; in certain forms of leucorrhœa uterine asthenia and sterility; and above all in those delicate, gawky, over-schooled girls in whom abeyance of uterine function is often among the first warnings of approaching phthisis.

Dr. Emmet mentions an interesting case which may be taken as typical of the entire class: A young lady in whom, as a consequence of over-study, the menses became scanty and irregular, and finally suppressed entirely toward the close of the first year of menstrual life. For three years she travelled about, but no return of the menstrual flow, except when the period was passed at sea. It was finally arranged, as a part of the treatment, that she should sail a day or two before the period during several successive months, with the effect on each occasion of inducing the natural flow.

The same satisfactory result and concomitant improvement in general health may, I am satisfied, be confidently expected in every similar case.

DR. IRWIN in reply said that the length of a voyage was a very important element in the question ; as a long, placid voyage was better calculated to benefit than a short turbulent one (as the transatlantic); amenorrhœa is the result of the Atlantic passage with which we in New York, have most to do ; but this condition rarely begins at sea, although a few cases may occur.

This re-action resembles the action of hot water in the vagina, whose first effect is dilatation of the vessels ; and second, contraction ; thus, the effect of a sea-voyage is primarily congestive : as regards hygienic surroundings, the emigrant of today is better fed than he is at home. The tendency of sea air is towards congestion, but amenorrhœa is common.

Miscellaneous.

——THE COMMENCEMENT exercises of the Eclectic Medical College, N. Y., took place April 6th at Chickering Hall. Addresses were delivered by Rev. G. J. Mingins, Rev. J. W. Kenyon and others.

——J. A. MAGEE & Co. *Gents*.:—I regard the Emulsion of Cod Liver Oil an elegant preparation, so pleasant, that it can be taken by any person. It contains the three recognized remedies for the treatment of the class of diseases for which is intended.

PHIL., PA.

C. F. TAYLOR, M. D.

——THE boy who was reported as having been "shot in the west end" must now take a back seat, as a recent exchange says : "A widow shot herself in the oil region, the other day."

——LACTOPEPTINE continues to hold its well-earned position as one of the very best remedies in the digestive disturbances so frequent in the hot season. In Cholera Infantum, especially, when combined with bismuth, it will be found one of our most trustworthy remedies.—*St. Louis Clinical Record*.

——DR. H. E. DEANE, resident physician of Detroit Foundlings' Home, Detroit, Mich., says : "During the year we care for a large number of infants. The mortality in our nursery has been lessened more than one half since we commenced using Mellin's Food. Our babies never looked so well as at present,"

——THE locomotive engineers on the Delaware & Hudson Canal R. R. object to color tests, in the form of skeins of worsted, but not with colored lamps.

——DELPHINIUM Compound will prove highly satisfactory in cases of nervous exhaustion, resulting from excesses ; also spermatorrhœa, vesical irritation and gleet.

Eastern Medical Journal,

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— IN THE INTEREST OF —

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VOL. IV.

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No. 6.

[For Eastern Medical Journal.]

Eucalyptus Globulus.—(*Australian Gum Tree*.)

By I. J. M. Goss, A. M., M. D.

PARTS USED, tincture, or fluid extract of the leaves and oil of the leaves, called Eucalyptol, also the tincture.

Through the Cerebro-Spinal nervous system, this article acts upon the mucous membranes of the throat, lungs, intestines and kidneys. It acts gently as a diuretic, increasing the flow of urine, and sometimes greatly increasing the nitrous elements in the form of urea. It acts upon the mucous coat of the stomach as a tonic, especially in catarrhal dyspepsia. Large doses increase the action of the heart, but moderate doses lessen blood pressure. In asthenic fever it greatly lowers the temperature. Upon the skin it acts as a diaphoretic.

It excites the salivary glands, increasing the flow of saliva, also the gastric glands, increasing the flow of gastric juice, thereby promoting digestion. It also acts gently upon the glands of the bowels, and renders the alvine evacuations more copious and easy. In very large doses it purges rather severely.

THERAPEUTIC USES.—Its specific affinity for the urinary organs renders it a very positive remedy in gonorrhœa, for which purpose the tincture may be given in doses of 30 gtts. ter die. As a diuretic it acts very promptly on some persons. It is of much value in catarrh of the bladder of the male or female. It is also a very positive remedy in uterine catarrh, when given internally and applied locally, sufficiently diluted with glycerine and water. The glycerole checks the factor of acrid leucorrhœa very quickly, and aids in its cure. One of the most valuable properties that it possesses is, its disinfectant powers over

all ill-conditioned ulcers and wounds. It is powerfully toxic to all lower forms of life—*i. e.* cryptogamic and infusorial organisms. The water of eucalyptus prevents and destroys penicillium. It should be prepared from distilled water, and made very strong; but the eucalyptol, or oil of eucalyptus is best. It is certainly a very positive epidemic remedy. I have treated seven cases of diphtheria with it without the loss of a single case, while other physicians who depended upon calomel and chlorides of iron and potassa, have lost a large per cent. of their cases, especially of those cases that partake of a malignant type. I usually give the tincture of the eucalyptus in doses of 5 to 15 drops, and 3 to 5 drops of baptisia tinctoria, every one or two hours, as may be demanded by individual indications, at the same time alternate the glycerole of eucalyptus with the permanganate of potash, 3 to 5 grs. to an oz. of water, used with a camel's hair pencil, or a mop. Under this treatment most cases mend at once, and continue convalesce until well. Its effects in diphtheria are very suddenly pronounced, even in the most severe cases. After using it locally and systematically a few hours the fetor of the breath (which shows the septic conditions of the blood, and other fluids) ceases. It may be used thus: R. Fld. ext. Eucalyptus ii3. Aqua Fontana iv3., used as a wash every half hour until amendment is apparent, then every hour; and internally, 10 to 15 gtts. every hour, alternated with the baptisia tinctoria.

Complications may demand other remedies, which of course will be pointed out by the indications in each individual case. It is no mean remedy in typhus and typhoid fevers, as it readily counteracts the fermentation or putrescent conditions of the fluids of the body. In putrid dysentery it is a precious boon, and when alternated with aconite, soon checks the rectal inflammation and the attendant fever.

It is generally valuable in the grave forms of scarlatina, changing it to the simple form in a few hours, in many cases. In scarlatina it should be alternated with belladonna and aconite.

It is a valuable remedy in gangrene, used locally and systemically. Some writers report considerable success in the treatment of remittent and intermittent fever, but my trials have been but limited with it in fever, consequently I cannot assert positively that it is as successful as reported.

It has proven valuable in gangrene of the lungs; calming the cough and correcting the fetor of the lungs better than phenic acid. The oil applied to the nerve of a tooth quiets the pain and soon destroys the sensitiveness of the tooth, hence it has anæsthetic power.

Dr. Walker praises eucalyptus in the treatment of membranous croup; and he also used it successfully in chronic bronchitis in old people, even with gangrene of the lungs. He also treated several cases of membranous croup with it. He gave a teaspoonful of a mixture of the tincture of eucalyptus and a simple syrup, equal parts, which soon removed the membrane in the shape of the trachea and the first and second bifurcations of the bronchæ, and the child soon recovered.

MARIETTA, GA.

Materia Medica Specifically Classified.

By W. F. BALD, M. D., Columbus, Ohio.*

The endeavor has been made in this classification to present a catalogue alphabetically of indigenous plants, and some exotics, and to state their remedial uses in a concise form. This may aid in the speedy perceiving of those which are indicated in specific forms of disease. The more common method to fix the disorder by its accordance with some morbid type in the nomenclature of disease, and prescribe the remedies accordingly. But this mode enables the remedies to be ascertained by the indications immediately apparent.

It should be remembered that in the Healing Art as in Chemistry the rule obtains: *corpora non agunt nisi soluta*. Medicines in liquid form are more prompt and satisfactory than those in solid form. Tinctures of fresh drugs are the preferable form, as they mix best with water, are the most agreeable for the patient, and more easy to regulate in regard to the size of the dose. I usually take eight ounces to the pint of menstruum, and employ percolation. The doses here given are based upon tinctures prepared in this manner. The skillful practitioner will graduate his prescriptions according to the strength of the articles which he uses.

In this catalogue the doses are arranged for individuals of adult age.

Acidum Hydrochloricum.—The specific action of hydrochloric acid is upon the fluids of the body, especially those of the stomach. *Indications*: deep-red tongue. R. gtts. x.; syrupi simplicis, ʒij. Sig.—A teaspoonful diluted in water, every two or three hours.

Acidum Nitricum.—This acid acts upon the entire body. *Indications*: a violet shade on deep-colored mucous membrane of the tongue. R. gtts. x.; syrupi simp. ʒviiij. Sig.—A teaspoonful every two to four hours as the case may require.

* From Transactions of the National Eclectic Medical Association.

Acidum Salicylicum.—The salicylic acid acts upon the fluids of the stomach and prevents the accumulation of lactic acid. It is administered internally for rheumatic complaints, and locally for catarrhs and ulcers. *Indications:* muscular pains with full leaden-colored tongue. The following is a good formula: R. Acidi salicy. 3j. ; potassæ acetatis, ʒiv. ; aquæ, ʒiv. Sig.—A teaspoonful every three or four hours, to be taken in water.

Its action as a local application is most beneficial when combined with chlorate of potassa. It should be administered by *douche* or spray in chronic nasal catarrh, laryngitis, bronchitis, old indolent ulcers, and in ulceration or excoriation of the os uteri.

Acidum Sulphurosum. The sulphurous acid of the pharmacopœias is antiseptic. *Indications:* the deep-red tongue of sepsis ; a dark sordes on the teeth, foul breath, etc. R. gtts. x.℥xxx. ; syrup. simp. ʒiv. Sig.—A teaspoonful in water every two to four hours.

Aconitum Napellus.—This agent acts specifically upon the sympathetic nervous system. It is a special sedative in fevers and inflammations. *Indications for its use:* A small, quick pulse ; hot surface occasioned by arterial excitement and arterial congestion. *Mode of administration:* Gtts. iij.℥v. ; aquæ puræ, ʒiv. : a teaspoonful every half-hour, to every three hours.

Æsculus Glabra.—This article has a specific action on the portal circulation. *Indications:* Portal congestion ; hemorrhoidal congestion ; uterine congestion, etc. R. ʒij. ; aquæ, ʒiv. Sig.—A teaspoonful every three or four hours. In hæmorrhoids—gtts. v.℥xx. ; aquæ, ʒiv.

Agrimonia Eupatoria.—The specific action of agrimony is upon the mucous membranes. *Indications:* mucous disease ; aphthous throat, lungs, stomach, bowels and kidneys. R. ʒij. ; aquæ, ʒiv. Sig.—A teaspoonful every four to six hours.

Alcohol.—The various preparations of alcohol act as a stimulant to the nervous system, and as a sedative. *Indications:* a sinking sensation, prostration in acute disease. It may be administered to great advantage by inhalation in "hay fever" and asthma.

Alnus Rubra. This article acts specifically upon the skin and mucous membranes. *Indications:* any pustulous eruption ; indigestion in which the patient becomes stupid after eating, with a feeling of weight at the epigastrium. R. ʒij. ; aquæ et Glycerini, aa, ʒij. The tincture of alder will not combine with water alone. Sig.—A teaspoonful after each meal.

Aloe Socotrina.—The specific action is upon the sympathetic nervous system and mucous membranes. *Indications:* constipa-

tion from deficient peristalsis ; piles ; dysentery ; mucous diarrhoea. For constipation give gtts, x. every six hours till the bowels resume normal function. For piles, dysentery or mucous diarrhoea: gtts, x. ; aquæ puræ, ozs. iv. Give teaspoonful once an hour to once in three hours.

Aluminæ Nitræs.—This salt acts upon the mucous surfaces. *Indications* :—itching and burning of the vulva and anus. R. grs. v. *ax.* ; aquæ, oz. j. Sig.—Apply as often as the case may require.

Ammonii Bromidium. This agent operates specifically on the brain and nerve-centres. *Indications* : epilepsy, and convulsions. R. 3iv. ; aquæ, ozs. iv. Sig.—A teaspoonful every four to six hours.

Ammonii Chloridum (Muriate of Ammonia or Sal Ammoniac). The salt acts on the sympathetic nervous system, the skin and mucous membranes ; it is stimulating and promotive of assimilation. *Indications* : a husky discoloration of the skin ; a relaxed condition of the epithelial surfaces. R. grs. x. *axx.* ; aquæ, ozs. iv. Sig.—A teaspoonful every four to six hours.

[The merits of Sal Ammoniac are little appreciated in this country. It accomplishes all the actual benefits for which it was usual to administer the mercurial chlorides ; corrects disordered action of the alimentary canal, promotes secretion generally, as well as absorption of inflammatory effusions or glandular swellings ; and is sovereign in rheumatic and tubular affections. The various forms of erysipelas, diseases of the throat, ear and nasal passages, are benefitted by it ; and as an external application for the various affections of the skin and subcutaneous tissues, it has few superiors. It purifies.—A. W.]

Amylis Nitritum.—The nitrite of amyl is a stimulant acting upon the sympathetic nervous system. *Indications* : fainting ; apoplexy ; also in cases when an anæsthetic has been administered, and the patient ceases to breathe, or breathes in prolonged gasps. Sig.—Put from three to ten drops upon a napkin and let the patient inhale it. Great caution is imperative ; and the application must be stopped when the respiration becomes normal.

Apis Mellifica.—This agent acts specifically on the urinary organism ; also, in cases of œdema with bright shining surface, itching, burning, stinging, etc. *Indications* : a burning heat and pain in the bladder with frequent inclination to micturate, and itching. R. gtts., x., aquæ puræ, ozs. iv. Sig.—A teaspoonful every one or two hours till relieved.

Apocynum Androsemitifolium.—The action of the bitter-root is directed especially to the sympathetic nervous ganglia. It reduces the œdema, relieves muscular pain, removes constipation, etc. R. 3ij, aquæ, ozs. iv. Sig.—A half-teaspoonful to a teaspoonful every three or four hours.

[It is difficult to procure this article from eastern druggists, who indeed persist in asserting that it is identical with the Indian Hemp, *A. cannabinum*, or similar in properties; and accordingly without scruple fill orders for each without any care or attempt to discriminate.—A. W.]

***Apocynum Cannabinum*.**—This agent acts specifically upon dropsy, curing all curable cases. *Indications:* Œdema of the feet, legs, hands, arms, eyelids, or any portion of the areolar tissue; dropsy. R. 3j.; aquæ puræ, ozs. iv. Sig.—A teaspoonful every three or four hours.

To be continued.

Hydrastis and its Preparations; also its Therapeutics.*

COMPOSITION.—Hydrastis Canadensis contains a colorless or white principle—Hydrastine (Hydrastia), an alkaloid, which is obtained from the mother liquor after crystallization of the Berberin.

Hydrastine is insoluble in water, and is white; but it is soluble in hot alcohol, from which solution it crystallizes. Its taste is acrid and rather disagreeable, but not really bitter. Its formula is— $C_{22}H_{23}NO_6$ (see Lloyd's preparations).

Hydrastis Canadensis, in common with several other plants, contains Berberine, its formula is $C_{20}H_{17}NO_4$. It is often called Berberina, Berberin and Hydrastin. It took its name from Berberis vulgaris. But the market is mostly supplied from the rhizome of Hydrastis Canadensis.

It is usually known by the name of hydrastine. The decomposition of the sulphate of Berberine. It is of a lemon-yellow color, very soluble in water, less soluble in alcohol, and is insoluble in Ether sulph. It is very bitter, and crystallizes in tufts of articular needles, and combines with acids, forming salts, which are less soluble than the alkaloid. The picrate is insoluble. The salts are the muriate of Berberine.

ACTION OF HYDRASTIS CANADENSIS.

Through the organic nervous system Hydrastis has three special actions. 1st, upon the mucous membrane, 2d, upon the digestive organs, 3d, upon the glandular system.

Through the ganglionic nervous system hydrastis acts upon all the mucous membranes, but it has more direct affinity for the mucous membranes of the outlets of the body, as of the eyes, nose, mouth, throat, rectum, vagina, cervix uteri and urinary organs generally.

UPON THE STOMACH.—This is a nutrient, tonic, *i. e.* it stimu-

*Excerpt from Authors Materia Medica

lates the gastric glands, and thereby increases the flow of gastric juice; and consequently, increases the digestive process, and also the assimilative process. Hence a richer blood is elaborated and the whole system nourished thereby. In chronic affections of the mucous coat of the stomach, leading to indigestion, it is one of our most valuable tonics. I have also found it a precious remedy in chronic gastritis. In the last named disease, I alternate this remedy with Bismuth or Arsenic. With arsenic and the fluid hydrastis, I have cured some very grave cases of chronic gastritis; and some cases of gastric ulceration have yielded to this remedy, alternated with the tincture of arsenic, in doses of 3 to 5 gtts., ter die.

GLANDULAR SYSTEM.—We have already said that hydrastis acts upon the gastric glands, but it also acts upon the intestinal glands as well, but it acts upon the liver slightly, the salivary and lymphatic glands; increasing the secretion of all these glands. In some cases of scurrhus of the mammary gland it has proven valuable, locally applied, and given also internally. It is indicated by a large, flabby, slimy-looking tongue, with a yellow coating. Stomatitis, with ulceration of the buccal mucous membrane, indicates this article.

In the above disease, the muriate of Hydrastis applied locally, and given internally, is almost a specific. In mercurial sore mouth it may be also used with success in the same way. One grain of muriate of hydrastine to one ounce of glycerine and water, applied frequently, will act well.

It acts well in mucous diarrhoea, with light-yellow, putrescent stools. In constipation, 2 gtts. of the tincture or fluid hydrastis acts admirably. In fissure of the rectum, or in cases of ulceration and excoriations of the anus, the local application of the hydrastis or hydrastine acts very freely.

SEXUAL ORGANS.—In chronic gonorrhoea, or gleet, attended with copious discharge, injections of the infusion act with positive certainty; and also it acts well in chronic cystitis, with mucous discharge.

In uterine catarrh, endometritis, with mucopurulent discharge that ropes from the cervix uteri, this is one of the best remedies, both locally and systemically used. Also in the epithelial abrasions (called ulceration) of the os, and vagina, locally applied with cotton wet in a solution of hydrastine, or an infusion of the crushed rizome applied three times a day, it will be found to give the best results. In pruritus vulvæ, with erotic furor, the muriate of hydrastia in glycerine and water, acts very promptly in solution, one or two grains to the ounce. In catarrh, where the discharge is of a thick white mucous, coryza and headache, the

white alkolaïd (made by Lloyd & Bros.,) in solution, say one drachm of the saturated solution of hydrastine to four ounces of tepid water, may be used with a spray apparatus, or snuffed up the nose carefully. In noso-pharyngeal catarrh and chronic catarrhal affections generally, this solution may be used with the spray apparatus with excellent success. In severe cases, the cure may be hastened by alternating with a solution of Boracic acid, say ten grains to an ounce of water.

IN DISEASES OF THE EYES.—In catarrhal conjunctivitis, or in the catarrhal stages of other forms of this disease, the solution of hydrastin, say one gr. to one oz. of distilled water, will be found to act promptly. In follicular conjunctivitis among scrofulous and anemic children or adults, it will also be found the remedy par excellence. In chronic granular conjunctivitis, it has proved very effective. In granular conjunctivitis, the above solution may be brushed over the lids with a camel hair pencil, or dropped into the affected eye three or four times a day. It is contra-indicated in affections of cornea or iris, or other deeper seated tissues of the eyes.

It is apparent then, that in Hydrastis, we have one of the most potent remedies for catarrhal inflammation of the mucous surfaces, no matter where these surfaces may be found; provided that the inflammation be chronic otorrhœa, locally applied on lint or cotton.

In certain forms of moist, exuding eruptions of the skin, this article may be used as a local application, with marked effect. The glycerole of hydrastis is used with success in sore nipples. The English physicians praise it in variola, regarding it almost a specific in this disease.

I. J. M. Goss, M. D.,

MARIETTA, GA.

Fucus Marina.

BY H. S. B. LARE, M. D., Formerly Resident Physician, St. Louis Poor House.

The profession will learn, with much gratification, that a new remedy has been recently introduced to their notice, that will benefit a certain class of diseases heretofore not reached by the ordinary plan of treatment. We refer to the preparation known as Fucus Marina, manufactured by the Peacock Chemical Company, St. Louis.

The manner in which this preparation will make its way, will of necessity be of great importance and interest to the profession at large, as it is for the treatment of Malarial affections and their sequelæ. Fucus Marina may aptly be called an Antidote

to Malarial affections ; that is, we might say, to the different forms and phases of malaria, among which may be mentioned Intermittent, Remittent, Typhus or Ship Fevers, Typho-Malarial Fevers, etc.

Peacock's Fucus is a pure liquid preparation, manufactured exclusively for physicians' prescriptions, and contains the essential medicinal elements of the "Marine weed" or sea-weed (*fucus marina*), in a definite and agreeable form, it being uniform in therapeutic strength, and in a constant state of readiness when called for by a physicians' prescription, it may be regarded as a remedy that will prove of great satisfaction. But, as we are digressing somewhat from our original intent when starting out, namely :—To describe its therapeutical action alone on the human system, we return to that subject. Being somewhat of an investigating turn of mind, we concluded to try the preparation of Fucus Marina on a few cases, and it is with pleasure we present below our tabulated experience with at least a half-dozen cases ; but, before so doing, let us distinctly understand that Fucus Marina must not be strictly considered as an anti-periodic, nor as a substitute for quinine, but as an ally of quinine, possessing antidotal alterative properties, which quinine lacks, we believe it to be a most reliable antidote to Malaria, and a prophylactic against ingrafting the malarial poison into the human system, and it eradicates the poison and prevents the return of the ague, after it has been checked by quinine or some other anti-periodic remedy. Armed with quinine to check the periodicity and to lower the fever temperature, and with Fucus Marina to eradicate the malarial poison from the system, the physician is well prepared to fight the malarial foe.

Our first experience with Fucus Marina was very beneficial, and as the old saying is, "that first impressions are lasting," we were favorably impressed from the first. We prescribed the preparation in a genuine case of malaria and debility following child-birth, in the ordinary prescribed dose of one drachm *ter in die*, and its action was indeed very pleasant—the patient fully recovering.

The next case was one of the remittent type of malaria, with rheumatic tendency, this lady being confined to her room for some weeks. Placing her on the usual adult dose, many days did not intervene before a marked improvement began, and she is now able to be about her usual household avocation.

My third experience was in the case of a boy ten years of age, seeing him after being abandoned by another physician who attended him for three weeks, treating him for ordinary chills. His was undoubtedly a case of Typhoid-intermittent. After

using the ordinary quinine and other anti pyretic remedies without avail I placed him on Fucus Marina, ten drops, every three hours, and in five days had the fever under control.

My next experience was in a debilitated case of pharyngitis (syphilitic) prescribing the corrosive chloride with the iodide using Fucus Marina as a menstruum, and which, by the way, made an elegant and efficacious combination, which was of undoubted benefit.

I next tried the preparation on a patient with irritable stomach who could not bear quinine. After a week or ten days I could readily give her the Fucus Marina and quinine alternately.

The sixth case was one of chronic chills, or old fashioned "shakes," contracted by a washer-woman while on board a government boat between here and Pilot Knob. She used quinine by the spoonful, as she expressed it, also dosing herself heroically with large drafts of whisky. Placing her upon the Fucus Marina with iron and capsicum, in six weeks she was well and returned to the boat in the swamps.

Thus we see, in medicine as in all other sciences, that observation must be assisted by experimental research. The influence of a new remedy, brought to the notice of the physicians, either for good or evil, must of necessity be very great, and it behooves the profession to have most clearly in their minds, remedies that will be most advantageously adapted to certain diseases. There must be less indecision in testing newly discovered remedies, or else more harm to the true advancement of medicine will be the result, for we have no doubt that every member of the profession who appreciates that advances in medicine, must proceed *pari passu*, with progress in the science on which it is based. We can certainly do much to encourage the discovery and application of new remedies for certain forms and phases of disease, and on experimental research the future success of new remedies must largely depend.

1210 Olive Street, St. Louis.

——THE NELSON MEDAL.—At the Annual convocation of the Medical Faculty of Bishop's College, Montreal, the "Robert Nelson" Gold Medal for special excellence in Surgery was awarded to F. R. England. This medal, worth \$60.00, was founded by Dr. C. E. Nelson of New York, Assistant Editor of EASTERN MEDICAL JOURNAL, is awarded annually to the student standing first in a special examination in Surgery, written out and practical. No one is allowed to compete unless he has attended at least two sessions at Bishop's College, and obtained first class honors in primary and final examinations.—*Canada Medical Record*.

EASTERN MEDICAL JOURNAL.

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WORCESTER, MASS., JUNE 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Medical Treatment in Cholera.

Considering that from *one* to *two thirds* of those attacked by this abnormal condition recover, too much credence should not be given to the supposed effective *treatment* prescribed in the cases of those who escape death.

Notwithstanding the fact that bacilli are found in cholera as well as in different diseases, it may be broadly stated that as a preliminary axiom, that cholera *is not a disease*, any more than being struck by lightning is a disease; but it is an "abnormal condition." As a general thing, no marks are visible on those struck by lightning: there are two classes to consider, I. those knocked down and stunned for a few minutes, to a couple of days; II. those killed. It may be supposed that in the first instance, there is a less quantity of electricity than in the latter; and that the recovery is not due to youth, strength or constitution. It would be important to have established whether in those who have recovered from cholera, a smaller number of comma bacilli (of the cholera type) is found, than in fatal cases.

We shall hereafter show that medication is not only useless but impossible, therefore there are only two methods to pursue for the *prevention* of cholera assuming a fatal turn; although these methods would not necessarily ensure immunity from taking cholera: I. vaccination; II. the introduction of other bacilli into a comma bacillus culture, with a view of determining the extermination of the latter by the former. In this case, vaccinating the patient in a number of places with the similars of the conquering bacillus would overpower the supposed 'cholera bacillus.' A rigid quarantine should be enforced, as the recent European epidemics show that in every instance travel from infected districts introduced the condition into places which were hitherto exempt. In these recent epidemics we also see that careless hygiene and foul drinking and cooking

water manured the soil effectively for the propagation of the bacillus. Boiling the water does not, as a rule, destroy spores, although it usually destroys the mature bacilli.

As is well known, special bacilli may be destroyed though in large numbers, by even *one* bacillus belonging to a genus which is more powerful than them; by transverse fission, segmentation or the escape of spores from its body, the conquering bacilli will in two or three days be so numerous, up in the millions, that the original invading bacilli will have been exterminated.

The invading special bacilli of disease may be conquered and utterly destroyed by the bacillus of putrefaction, as by the inherent life vigor of animal cells.

Vaccination injects into the system a small dose, or more correctly speaking a high dilution of a dose of cholera bacilli; in this case, instead of warring between various species of bacilli, the conquering species exterminating the others, we have the spectacle of the cholera condition being as a rule mitigated (as in variolous vaccination,) by the previous reception of an advance (but excessively enfeebled) guard. Some patients die after cholera vaccination, as after variolous vaccination.

Cholera bacilli (this term is preferable to comma bacilli) are observed in dejections, after vaccination; but still they do not kill; perhaps they are not so powerful as those which invade the œconomy in the ordinary manner.

It is hardly to be presumed that bacilli of any disease, or of the condition termed cholera, kill themselves; they may destroy the life of the host by acrid poison in their bodies, or by the multitude of lesions in the tissues, caused by their passage. That bacilli are carriers of poison through the host is not seriously to be entertained. By lesions, we do not refer to intestinal ulcerations, in partes, or tubercle, or abscess formation around a point in a vessel occluded by an embolus of micrococci.

As a rule, of course, the presence of bacilli is constant, in a well marked case of disease, stamped by their presence in large numbers; many cases present few or none; again, several other species of bacilli may be present. But the *filaria sanguinis hominis* affords a singular example of intermittent presence; "the filaria circulates with the blood by night only as a general rule, it being associated with chyluria or other morbid state." (Belfield's Cartwright Lectures).

In cholera, to put back the hand of the clock of time to anti-bacillum days; there is arrest of physiological action, therefore Arrest of Absorption, arrest of Circulation and Perspiration.

So, purgation, vesication and other effects induced artificially by medicines are impossible. Urinary secretion is stopped; and

there is a perverted sensation of heat, although the body externally and internally is cold.

Physiological action being arrested, it is impossible to treat the choleraic condition as we would disease, where physiological action goes on, but in more or less modified form. In disease, absorption from the gastro-intestinal mucous tract is seriously modified but we can still introduce medicine hypodermically: in cholera injections into the veins, or in tissue, evidently act merely mechanically, as we inject cadavers for dissection purposes.

In the *beginning* of a choleraic invasion, *after* the first attack of emesis, which is salutary, give one grain of solid opium; this will allay irritability of the stomach, and preclude further useless efforts at vomiting; after this, water acidulated with tartaric acid, and sweetened, can be given in quantities of an ounce. "This being retained, repeat it and increase the quantity and the frequency of repetition compatible with the powers of retention." (Dr. R. Nelson's Treatise on Cholera.)

Fever is impossible in cholera: this one point distinguished the condition called cholera (bile flow, etymologically) from nearly all diseases. After fulfilling the above simple medical indications, the case is carefully watched, without further dosing, which is futile.

Dr. Ferran's Experiments.

Conceiving that any premature misstatement may have been made as regards prophylactic value, Dr. Ferran evidently deserves a large meed of praise for the experiments he has made in the supposed cholera inoculation. The energy he has displayed, and the apparent success of his wholesale inoculations should induce Dr. Ferran's critics to suspend judgment, until results of his experiments have been such as to satisfy the most scientific research. In the meantime, to judge from cablegrams in the daily newspapers, the present position of the question seems to be that the inoculated generally experience the disease in such a modified form as to recover; in a few instances the inoculated die. These same results are had in small pox.

In the un-vaccinated, the mortality was large. Of course there are several objections which have been made, and which will immediately occur to the reader, pertaining to these wholesale inoculations; the chief objection being, that perhaps a large number of the vaccinated would not have taken cholera anyway. The doubts which have been thrown on the character and quality of the views, and as to whether the epidemic was

really virulent cholera, we regard as unphilosophical and premature. The inoculated cannot be revaccinated in a short time; but the primary vaccination does not necessarily afford immunity from an attack of the disease itself, which of course is of much stronger culture, or dose, than the mere vaccination.

A little doubt exists in the public mind as to the capability of contracting of disease after vaccination; say small pox; in small pox, cholera, etc., not only can the disease be taken, but death may result. In the small pox epidemic of 1838, thirty one persons died out of a number of 298 persons who were vaccinated.

The Origin of Life.

While histological anatomy has been studied with painstaking minuteness, only recently have opinions been hazarded as to what caused life. Heitzman attributes it to "living matter" passing like streaks between what Virchow termed cells, although this term cell is not philosophical. Other observers [vide report of N. Y. County Medical So., in this number,] term certain molecules 'plasteoles' or 'physical units'; these different ideas seem to be burrowing in very small grooves. A far more comprehensive idea seems to be that dictum of Dr. R. Nelson, of New York, (father of Dr. C. E. Nelson,) that life itself was an element; and combining in definite proportions with organic matter, produced the variety in animal nature. In a cognate manner are chemical unions effected; thunder storms and other products effected by electricity; inversely, the products of electrolysis, and organic decomposition.

Society Proceedings.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting May 25, 1885.

DANIEL LEWIS, M. D., PRESIDENT, IN THE CHAIR.

[Reported expressly for Eastern Medical Journal.]

DR. SEIBERT read a report of the Committee on Hygiene, regarding Fibrinous Pneumonia, reference being made to charts on the wall, showing curves of humidity and cold during the year, as affecting the causation of pneumonia; as is generally supposed, pneumonia was observed to be most prevalent in those days when cold and moisture were in excess. Although the

humid line did not always correspond with the pneumonia line ; when strong winds (above fifteen miles an hour,) prevailed, this in conjunction with the other two factors caused the more serious cases. At the same time the reader thought something more than these three factors were necessary to cause pneumonia, but he was unwilling to state what this something was, as he had only laid before the Society these meteorological investigations, and did not wish to theorize.

DR. PUTZEL. In the winter months (when pneumonia most prevails,) the dwellings are crowded, and other conditions due to morbid causes occur simultaneously with pneumonia. This affection has crises, like those of other infectious diseases ; catarrh does not present a similar clinical history to pneumonia. Regarding the assertion of a preliminary necessary transmatism of the lung surface, the symptoms are not the same : depressing agencies are necessary for its production. Regarding pneumonia occurring after plunging in a cold river, in these cases it was proved that there were present other concomitant circumstances. Statistics must be regarded with a good deal of allowance. Humidity and low temperature are not conclusive causes of pneumonia.

Dr. Seibert, in replying, said, we must take facts as they are : four years since, Jürgensen and others laughed at catarrh and pneumonia being the same. Jürgensen a year later, revoked his opinion. The sole influence of cool weather is to cause hyperæmia of the mucous membrane, this preparing the soil for the invasion of pneumonia. The soil must be prepared, as an abrasion of the skin is necessary to the production of erysipelas. Since then, Jürgensen, a year since, has spoken in the same manner as I have.

Dr. E. Heitzman then pronounced a

EULOGIUM ON DR. L. ELSBERG,

recently deceased. Dr. E. investigated truth in clinical methods ; a busy practitioner is like an actor—when dead he is soon forgotten. It is only those men of leisure, who have added truthful investigations to our store of positive knowledge, who will be remembered. We can make naked eye observations in autopsies, which will be valuable as well as microscopic investigation. In this connection, Dr. Seibert's methods are purely scientific, but what an enormous work, even to lay before us the simplest facts, which even now are matters of dispute.

Dr. E. was the first to introduce and use the laryngoscope in this country. He gave numerous contributions, perhaps too numerous, to the press. He would present clinical observations, which were not sufficiently settled by facts ; the mental capac-

ity which should have been devoted solely to science, was trenched upon in cares of living. His last address was to the German Medical Society of this city; it required a certain amount of preparation to follow him in his statements. In London, in 1872, his hypothetical statements in biology culminated in part, by stating that the human body was built of living cells, which he termed plasteoles, these plasteoles propagating themselves in the progeny, repeating themselves in marks in the child; or skipping a generation, in the grandchild. Herbert Spencer held a similar doctrine, as also Chas. Darwin, who termed this pangenesis of physical units. Heckel of Jena, detected a change of motion and oscillation in molecular cells. My views of living matter are admitted by Stricker, of Vienna, who may come over here in the fall and show us an electric light, which in conjunction with a microscope magnifying 4 to 8000 diameters, can project on a screen the objects examined. After detailing the sickness which led to Dr. E's death, the eulogium was brought to a close.

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

Annual Meeting at the Revere House, Boston, June 3d and 4th.

A. L. CHASE, M. D., PRESIDING.

[Reported expressly for the Eastern Medical Journal.]

FIRST DAY.

Morning of the first day was devoted to the election of officers for the ensuing year. The following is the result of the ballot: Pres. J. P. Bills, M. D., Hyde Park; V. Pres. F. L. Gerald, M. D., Laconia, N. H.; Corresponding Sec. D. L. Powe, M. D., Falmouth; Recording Sec. Pitts E. Howes, M. D., South Boston; Treas. E. E. Spencer, M. D., Cambridgeport; Librarian, W. E. Perrins, M. D., Boston; Councilors, Drs'. R. W. Geddes, J. A. Tabor, B. H. Burrell, A. A. Geleneau and A. J. Marston.

After the routine business had been accomplished, Dr. A. A. Geleneau of Lowell, read an essay upon "Chemistry of Medicine," in which he mentioned the importance of a knowledge of chemistry by the medical man as it frequently occurs that in the compounding of several drugs chemical changes take place which should be well known by the physician who prescribes it. Also, the physician should be well versed in toxicology in order to be able at a moments warning to administer antidotes, in cases of poisoning. This paper elicited a general discussion. Dr. A. J. Marston, Worcester, read an essay upon the subject of

"Organic Stricture of the Male Urethra and Urinary Fistula," in which he spoke of the importance of commencing treatment of stricture early, before it had reached the condition, which is the result of neglect—*i. e.* perineal abscess and fistula. His mode of treatment was to dilate the constricted urethra by graduated bougies if it could be done, if not, to open the uthera by perineal incision.

Several cases were reported by the essayist, and discussion followed, participated in by Drs. C. E. Mills and J. S. Andrews.

The next paper was read by Dr. J. S. Andrews, of Taunton. The subject was "Cholera," and was exhaustively treated. The essayist was not inclined to believe that the disease was caused by baccilli but rather the effect. This very elaborate contribution was discussed by a large number of the brethren.

The subject of starting the Medical College of Worcester, in which lectures have been discontinued for several years, was brought up and freely discussed, and a committee composed of Drs. A. L. Chase, R. W. Geddes, H. G. Newton, C. E. Miles and A. J. Marston were appointed to consider the matter and report the next morning.

SECOND DAY.

The following essays were read by their authors: "Dyspepsia," A. W. Forbush, M. D., of Charlestown, Mass.; "Tumors of the Female Urethra," C. E. Mills, M. D., Boston; "What now," E. E. Spencer, M. D., Cambridge, Mass.

Delegates to the National Eclectic Medical Association were appointed as follows: Drs. H. G. Newton, R. W. Geddes, J. A. Tabor, N. Jewett, E. E. Spencer, R. A. Reid, G. H. Merkel, A. W. Forbush and John Perrins.

The committee on the project of starting the medical college at Worcester, where lectures have been discontinued for a number of years, recommended that the matter be referred to the trustees of the college who still hold their regular meetings, and so keep the charter granted in force.

The annual address was then made by the orator of the day, G. H. Merkel, M. D., of Boston, who took for his subject, "A review of the new things in medicine." The Society then adjourned to the dining-room and sat down to their twenty-fifth annual dinner. The guests were Prof. Alexander Wilder, of New York, and Dr. Wilcox of Bennington Vt.

The society then adjourned to the parlors and was called together by Pres. Bills. Dr. E. E. Spencer introduced the following resolution:

RESOLVED, That there is nothing in the constitution of the Massachusetts Eclectic Medical Society precluding women from membership.

This resolution was adopted.

The society then adjourned until the second Wednesday in January, 1886.

The executive committee held a meeting and appointed G. H. Merkel anniversary chairman, and A. L. Chase orator at the next annual meeting.

Messrs. Parke, Davis & Co., Detroit, Mich., made a very interesting display of their preparations, as did Mellins' Food Co., and Geo. F. Dinsmore, the Celuloid Truss man and agent for the Eureka Operating Chair.

N. Y. Medico-Legal Society.

Meeting May 21st.

Charles Heitzman, M. D., in an interesting talk, told his views on "Our Present Knowledge of the Structure and Functions of the Gray Substance of the Brain." "All positive knowledge" said he "which comes into our body through the senses is stored up in the ganglionic bodies of the brain, and all diffuse relations, such as hope, fear, joy, in the gray matter. It is not the size of the brain, or its weight, or depth, or shallowness of its convolutions which determines mentally, but the number of ganglionic bodies and the quantity of the gray matter."

"A coal miner," he continued, "has a vocabulary of 500 or 600 words. Compare him with a genius like Shakspeare, with a vocabulary of 12000 words. With the increase of knowledge there is increase of ganglionic bodies, the centres of knowledge. These facts should teach us to be merciful, for such a thing as an individual will does not exist, for all that we do is done without our will. Nobody is responsible for what he does, either good or bad, but at the same time society demands that we render offenders harmless by locking them up, and if that does not suffice, by killing them."

Dr. Morris Ellinger begged to differ with Prof. Heitzman, in so far that he thought man was a responsible being, and if he was not society would soon go to pieces. Several other gentlemen discussed the matter.

A paper by R. H. Chittenden, and read by H. E. Smith, entitled "Absorption of Arsenic by the Brain," concluded the evening's exercises.

Other Conventions.

The Eleventh Annual Convention of the Western Academy of Homœopathy, met at St. Louis, May 28th.

The American Meteorological Society met at Columbia College May 21st, and appointed a committee, consisting of Gen. C. B. Comstock, U. S. A. ; Dr. F. A. P. Barnard, president of Columbia College ; and Prof. J. K. Rees, of the same college to investigate the subject of State Surveys.

The 119th Annual Meeting of the New Jersey State Medical Society was held at the Ocean Hotel, Long Branch, N. J., June 10 and 11th. About three hundred physicians were present at the meeting.

The Vermont State Eclectic Medical Society will hold its twentieth Annual Meeting at the State House, Montpelier, Vt., June 17 and 18, at 10 o'clock, A. M.

The reading of the following essays will be a part of the programme:—Inflammation—F. E. Leonard ; Principles of Therapeutics—P. L. Templeton ; Germ Theory—S. R. Wilcox ; Scarlatina—W. R. Woodward ; New Remedies—A. D. Ayer.

GEO. H. GRAY, M. D., E. Calais, *Sec.*

The New Hampshire Eclectic Medical Society held its Annual Meeting at Concord on Wednesday, June 3d.

B. S. WARREN, M. D., Concord N. H., *Sec.*

Notices, Reviews.

MEDICAL AND SURGICAL DIRECTORY OF THE UNITED STATES. Detroit, Mich., R. L. Polk & Co., Publishers.

The above firm have now in course of preparation a Directory of Physicians and Surgeons of the United States, which they claim to be so full and complete as to gain the confidence of the medical profession, and become a permanent and standard publication. We will be pleased, after a perusal of its contents, to give a more extended notice, as a work of this nature, that is reliable and accurate, will become indispensable as a book of reference.

BABYHOOD.—Devoted exclusively to the care of infants and young children, and the general interests of the nursery. Monthly, fifteen cents a number, \$1.50 a year; same size as the *Albany Medical Annals*. 18 Spruce St. New York. Leroy M. Yates M. D., is medical editor, Marion Harland is editor of departments relating to general nursery routine ; George E. Waring Jr., and many other eminent men and women are among the contributors. Such names guarantee a high order of merit.

BERLIN AS A MEDICAL CENTRE. By Horatio R. Bigelow, M. D., Washington, D. C. Sandy Hook, Conn., : New England Publishing Co., 1885. Price \$2 00.

This book is a complete and accurate Medical Guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that is necessary for the medical student abroad.

THE OLEATES.—Further investigation into their Nature and Action. By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc., Philadelphia, F. A. Davis, Att'y, 1885.

Miscellaneous.

———Special attention of our readers is invited to the advertisement of the Eureka Operating Chair. Many of our best physicians are using this chair daily, with great satisfaction. One of Worcester's ex-city physicians says: "I am more than pleased with it."—Another practitioner says: "It is the best operating chair for business I ever saw, at any price." A physician in Greenboro, Ga., writes as follows: "It certainly fills a long-felt want among medical men."

———THE Wm. S. Merrell Chemical Co., invite the orders and support of Druggists who *know a good quality of medicine* when they see it, and are willing to pay a fair price to secure uniformity and reliability.

———CONCERNING Goodwyn's Compound Syrup of Hypophosphites with Lactates and Pepsin, Dr. C. H. Hall, Macon, Ga. says: "It is the best contribution that has been made to medicine in twenty-five years."

———THE adulteration of milk is at present causing attention. There is no question about the injurious effects of skimmed milk on small children on account of the lack of nourishment. Children fed on bread and skimmed milk have no power to resist disease when so attacked. Skimming deprives milk of its most nutritious constituent—the fat; and a few years ago the appearance and condition of children at an orphan asylum in New York settled the debatable point.

———PHYSICIANS in need of a carriage will do well to send to the Columbus Buggy Co., Columbus, Ohio, for their catalogue and price list. This is one of the largest and best known firms in the country.

———A BRONZE tablet to the memory of Armisted Randolph Mott, Jr., M. D., who lost his life in the Riverside Hospital, in May, 1884, while attending typhus fever patients, was unveiled on the morning of April 5th, in the vestibule of the hospital.

———"LET us pursue the subject a little further," said the medical students at the bedside of a dying patient. So the next night they went out and stole the body from the cemetery.

———AT A recent investigation of the leprous lazaretto in Tracadie, N. B., it is stated that a male patient reported last year as having been freed from all outward trace of the disease remains in the same satisfactory condition. One of the female patients, he states, is also losing external traces of the disease. One discoloration on the chest alone remaining.

———D. I. HUSSEY, M. D., of Washington, D. C. says: I am much pleased with Magee's Emulsion. I have and shall continue to prescribe it, as I think it the finest preparation I have seen. This is the first letter of this kind I have written in nearly twenty years of active professional life. I hope you abundant success.

———A FEW weeks ago Adam P. Harley, of Erie, Pa., a prominent Odd Fellow and Knight of Pythias, who lay at the point of death as a consumptive, submitted his case at the faith cure establishment in New York. To the astonishment of his friends and the sceptical, Hartly arose from his bed and went round proclaiming his cure as the result of the prayer test. The faith test took a boom, and a large number of consumptives came in for the prayer treatment, abandoning their physicians. When the doctors pronounced Harley's case as hopeless they were posted by the praying circle as scoffers. . . . Harley died, while engaged in prayer for other candidates at the test.


———DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if the JOURNAL is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green street, Phila.

———THE government has permitted the garrison at Vera Cruz, Mexico, to be vaccinated with yellow fever virus, according to Dr. Carmona's system. Experiments were first made on prisoners, who volunteered for the purpose. Persons vaccinated with the virus have all the premonitory symptoms of the fever. It is thought that the inoculation will serve as a complete protection for four or five years. Great interest is felt in the discovery, and the system will be tried on the west coast and in Sonora.

———SEND a postal card to Wm. Snowden, 7 So. 11th street, Phila., and get a card of surgeons' pure iron-died silk free, if the JOURNAL is mentioned.

———DR. C. E. NELSON, of New York, and lately editor of the *Planet*, has become assistant editor of the EASTERN MEDICAL JOURNAL, published in Worcester, Mass. We have had occasion to mention Dr. Nelson's name a good many times, and therefore it is unnecessary to add anything more at present. The name of Nelson is a prominent one in the Medical History of Montreal, and representatives abroad have not diminished its lustre. We wish him success in his new office, and the JOURNAL a long subscription list.—*Canada Med. Record*.

———SPECIAL attention is called to the Cocaine preparations manufactured by Messrs. Parke, Davis, & Co., Detroit, Mich. This house has succeeded in producing a superior quality and at prices within the reach of every practitioner.

 WE WILL MAIL, POST-PAID, ONE OF BARRY'S SPLENDID CLINICAL THERMOMETERS (SEE ADVERTISEMENT ON 3D PAGE OF COVER,) AND THE EASTERN MEDICAL JOURNAL ONE YEAR FOR \$1.50. DON'T FAIL TO AVAIL YOURSELF OF THIS OPPORTUNITY.

———SEND a postal to B. Keith & Co., 75 William street N. Y., for their revised and enlarged Manual, which will be mailed free if the JOURNAL is mentioned.

———DR. THOMAS H. ALLEN, of New York, presented a collection of Serpents to the American Museum of Natural History which consists of all the serpents of the Republic of Guatemala. There are over one hundred, which are remarkably rich in their variety of color. We believe there is no other such collection outside the British Museum.

———THE wife of Wm. Lindon, Greenville, N. J., lately gave birth to a daughter, which is said to be perfect from the shoulders down; but the head resembles that of a sea lion more than anything else. It is small, the sockets are eyeless, there is no nose and the lower lip is precisely like that of a seal. The child's cry resembles the cry of a sea lion. It refuses the nourishment offered by its mother. It is said that last summer the mother frequently visited an aquarium while she was stopping on Staten Island, and was particularly fascinated by the seals.

———ANY of our readers may obtain a copy of Prof. Lefferts' practical little work on "The Diagnosis and treatment of Chronic Nasal Catarrh," and the JOURNAL for one year for the price of the book alone—one dollar, if sent within a month.

Eastern Medical Journal,

Published Monthly by A. J. MARSTON, M. D.

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VOL. IV.

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No. 6.

Stricture of the Urethra and Urinary Fistulæ.

BY A. J. MARSTON, M. D.*

I propose discussing briefly in this paper the subject of Organic Stricture of the male urethra and its possible consequences—perineal abscess and fistula.

Stricture of the male urethra is not a rare complaint, the great majority of cases arising from gonorrhœa, especially the chronic form, or gleet; yet some follow non-specific urethritis. We may have traumatic stricture from rupture of the urethra by external violence. Improper use of astringent washes, and caustics may occasion stricture; also exposure to cold and wet, and abuse of alcoholic drinks, especially malt liquors. Syphilitic ulceration of the miatus will sometimes produce stricture.

Authorities differ in regard to the most frequent localities of stricture. One states that two-thirds of all the strictures occur in the bulbus portion of the urethra, *i. e.* the posterior inch of the spongy portion, others say it occurs as frequently in the penile portion.

Dr. F. N. Otis, of N. Y., claims that stricture is oftener found in the anterior part of the canal. This claim is supported by results of actual measurements of two hundred and fifty eight strictures in the living subjects where it was shown that fifty two was in the first quarter inch, sixty three in the following inch, forty eight in the next, nineteen in the next, eight in the next and but six in the last.

Early Symptom of Stricture is usually a slight gleet, (in fact almost all gleets are said to be due to stricture). However,

* Read at the Annual Meeting of the Mass. Eclectic Medical Society.

retention of urine may be the first sign of all. Altered size and shape of the stream, when passing urine, as small twisted, forked; a few drops dribbling away after micturition has apparently been completed; difficulty in commencing the act of micturition are all signs of stricture.

The more advanced symptoms are, a constant desire to pass water, straining, sense of heat and soreness about the neck of bladder, smarting, especially when aggravated by imprudence of any kind, excess of acid in urine; pain in the back and perineal regions.

Constitutional effects of stricture are loss of strength, indigestion, thinness, irritability, despondency, feverishness, of an intermittent character, chills, etc., perineal abscess may occur, and, if neglected or improperly treated, urinary fistula may result. Uremic poisoning may produce fatal termination at any time. Upon getting any of these symptoms a diagnosis may be arrived at by passing, or attempting to pass instruments. The *prognosis* is always favorable if the case is seen early and properly treated. Serious if neglected or improperly treated.

Treatment: at the first examination of a case of supposed stricture, pass, or try to pass, a medium sized catheter—the gum-elastic instrument is preferable, if it can be used, if not, a silver one, No. 7 or 8, should be tried; these latter are more manageable and therefore the most useful in such cases. The instrument should be handled lightly and with a constant regard to the anatomy of the parts, as even a full sized catheter can be *forced* through into the bladder, but this procedure should always be regarded as most unsafe and is only mentioned to condemn it. (Within twelve months it has been my province to attend a man during the last week of his life, who was thus operated upon in a hospital; the instrument making a false opening in the urethra and extravasation of urine and death the result.) If the instrument fails to pass, try a soft *French bulbous bougie*, as no instrument glides through an irritable tortuous canal with less difficulty to the operator or discomfort to the patient. Oftentimes the stricture is long, tight and twisted, in which case the employment of the filiform or catgut bougie is necessary; after which the urethra should be gradually dilated by the passage of catheters, every other day, each instrument being larger than the other until No. 12 English can be passed with ease.

If the surgeon fails to introduce an instrument of any kind and the case is not urgent he may delay a day or two and content himself with regulating the patient's bowels, and in allaying irritation and inflammation with hot formentations of hops,

opiate suppositories and by the use of gelsemium in large doses internally. After which, an instrument may be successfully passed.

However, should the case be urgent, on account of retention of urine, and all attempts to catheterize the patient fail, other means must be resorted to. The bladder may be tapped from the rectum with a curved trocar and canula, made for the purpose, or it may be punctured from above the pubes, either with the trocar and canula or with the pneumatic aspirator. But, as these methods are simply for temporary relief, by evacuating the over distended bladder, while the *cause* of the trouble still remains, it is undoubtedly advisable to at once open the urethra by a perineal incision. This may be done by first introducing a full sized metallic catheter down to the stricture and then cutting from behind the stricture towards the end of the instrument; as fast as the stricture is opened the catheter should be passed forward until it enters the bladder, where it must be fastened in position by tapes or adhesive plasters, to the penis.

This method is particularly applicable to cases in which there has been rupture of the urethra and extravasation of urine, or where there are fistulous openings in the perineum; in the latter case all the fistulous tracts should be opened up well and kept open until the healing process has become fully established at the bottom of the wound; bearing in mind the importance of keeping traumatic surfaces free from the contact of the urine, as unless that can be accomplished no hopes need be had of there being a perfect union.

At this point I will, with your permission, report a case in practice:—

Mr. W——, a gentleman, aged 28 years, consulted me in regard to his complaint, which was perineal fistula, and from whom I learned the following history: Some eight or ten years previous he had contracted a very severe cold while camping out, and not long after discovered that he could not pass his water as freely as before, but did nothing to relieve himself until a long time after, when cystitis set in; his physician suggested the use of carbolic acid injections, by first introducing a catheter and attaching the syringe to it by a tube. The doctor, to show the patient how to do it, *attempted* to introduce a gum catheter but could not get it through to the bladder; it stopped on the way and the patient was told that “that would do, inject it from there.” This was done for some time after which other physicians and treatment was employed, in fact, almost everything in the shape of kidney and bladder cures were resorted to, until at last he had retention of urine, and sent to his old physi-

cian who again tried to pass the catheter and again failed ; ordered hot cloths applied and agreed to call again in a few hours. In the mean time the pain was so excruciating that the patient (who, by the way, is a very intelligent man, and has learned much concerning the urinary organs, both by reading and by sad experience,) took the catheter which had been left, and forced it into the bladder, which occasioned much pain. However it brought relief to the over distended bladder by evacuating its contents.

Not many days after this an abscess formed in the perineum, accompanied with great pain, and the doctor's service was again called for. He relieved the pent up pus by a plunge of his bistory.

The next day the mother of the patient called to see the surgeon to inform him that urine escaped through the opening he made, every time micturition was attempted ! Now, Gentlemen, what I am about to relate may seem almost incredulous, yet nevertheless it is a fact ; this M. D., (not a "Christian Scientist," mind you but a regular practitioner of medicine in my own city to-day), hesitated not an instant to inform the anxious mother that he could fix *that* all right ; and so produces a piece of adhesive plaster the size of silver quarter and tells her to have him stick it over the hole ! She took the plaster and the advice and returned. Suffice it to say the plaster would not stick, of course, and she again repaired to the doctor for further suggestions, but this time she could get no relief ; his stock of knowledge on the subject had been exhausted, but he had the presence of mind to recommend her son to go into the country, with the admonition to stay at *least a year*, and *nature* would heal the wound !

This advice too, was taken, and to New Hampshire he went. At last he called on me, (I was a resident of that state at the time) and I examined his case and found not only one but *five* fistulous openings in the perineum, through which urine escaped at each effort to evacuate the bladder. The tissue in the perinial region seemed honeycombed and the urine as it passed into and through it produced the most intense pain which could only be relieved by pressing it out thoroughly after micturition.

On attempting to pass an instrument I found the cause of the trouble—a stricture in the membranous portion of the urethra, through which a small catheter only could be passed. I recommended an operation as the only means to bring a chance of cure, and consent was given me to perform it. Two or three days later I went to the patient's home, some sixteen miles away, and made the operation, with the assistance of two of the neighboring physicians, as follows :

The patient, after being thoroughly put under the influence of ether and placed in the lithotomy position, a silver catheter, No. 10, English, was introduced into the urethra as far as the constricted portion and held by an assistant; an incision was made in the median line of the perineum, the knife, with its back towards the rectum was run down behind the stricture, a little beyond the end of the catheter and made to cut forward and upward so as to enlarge the incision and divide the stricture. The catheter was carried backward into the bladder and secured in that position by adhesive plasters to the penis, I also opened up all fistulous tracts, which ramified in the perineum. There was very little hemorrhage, and the patient rallied finely.

The healing process commenced early and everything worked well. I succeeded in keeping the catheter in the bladder continually for two weeks, to which was attached a rubber tube connected with a large bottle at his side, to receive the urine as fast as it was secreted, and all worked well for a complete cure. However, owing to the great distance of the patient from my office, I was unable to visit him as often as I should have done, and his bowels were allowed to become costive, and, by straining at stool, some two weeks after, he felt a smarting further forward than the wound I made, and I feared there was a small "blind" fistula. At that time he went to Massachusetts. Some time after, a small abscess formed just back of the scrotum, and upon the advice of his physician and friends, went to a hospital for treatment. He was brought before the class and a perineal section made the same as in lithotomy, the incision being *made through to the bladder*; the operator informing the students present that it was a rare case and difficult to operate upon, yet it had been a successful operation.

The patient was then taken back to the ward-room and a *soft catheter* passed into the bladder *through the incision*, and fastened there, yet the urine constantly dribbled by the side of the instrument, out of the wound. The next day a new surgeon appeared who criticised the mode of making the operation. He removed the soft catheter and put in a *stiff* one, through the *natural* opening; still the urine escaped as before—by the wound. The next day the *old* doctor appeared again, and not liking the way his arrangements had been interfered with, put the instruments back where he had it first. Finding that the urine passed out by the side of the tubes the catheters were dispensed with altogether, and as the surgeon would pass his bed with his class of students, they were informed that the operation had proved a *perfect* success; yet at the same time the patient had

no control over the sphincter of the bladder and the urine constantly dribbled down over the cut surfaces, and did while he remained there—some two months.

At present he has an opening in the perienum large enough to admit a finger, through which he passes his urine every hour, or at the most, two hours, during the day, and at night he looses all control of the bladder sphincter, being obliged to lay in a rubber receptical in order to avoid wetting the bed clothing.

He has had no stricture since I operated upon him, and now can urinate through the natural passage by stopping up the false one.

An operation at this time is considered impracticable owing to the state of his general health.

This case will help to show the importance of correctly diagnosing a case of stricture, and of commencing the proper treatment of it before the serious complications result. It should be borne in mind that no kind of medication will overcome organic stricture, and the only way to complete a cure is to *open* the closed or partly closed urethra at the earliest possible moment.

I have a patient at present under my care who had been the rounds of the doctors for the treatment of *cystitis*, *urethritis* and *nephritis*, until at last, when he came to my office, he said he did not believe that any of them had got it right, that he was confident he was suffering from *Bright's Disease*! I got out my Jacques catheter the first thing, and when he said he had "never had one of them things run into him," I felt sure he had a stricture, before I tried to pass it, and the attempt proved that my opinion had been correctly founded. He comes to my office every alternate day and I pass a catheter, each larger than the one previous, if I can pass it without much pain. This I shall continue until I can pass a No. 12 English, easily, when I shall give him a soft catheter with instructions to introduce it once a week for three months at least.

[For Eastern Medical Journal.]

Some Complications of Remittent, or Bilious Fever.

By I. J. M. Goss, A. M., M. D.

This disease is prevailing in some portions of Georgia in a complicated form, which entitles it to notice at this time. I am now attending a lady some thirty five years of age, sanguinobillious temperament, who was attacked with a severe and protracted chill, with very profuse hemorrhage from the bowels and uterus. The hemorrhage of the bowels was somewhat

checked, but then hemorrhage of the kidneys occurred, which I also checked with Muriate or Chlorate of Iron, then the hemorrhage from the uterus became obstinate for a time. I have seen this form of fever complicated with free hemorrhage frequently before. In the year 1855, I was called to a little girl six or seven years of age, that I found laboring under remittent fever; the chill had passed off, and the reactive fever was very high, and she had severe hemorrhage of the lungs. This I subdued with the tincture of *Lycopus virg.*, given in doses of 30 gtts. every hour. The fever was then treated in the usual way, and soon yielded. In a short time I was called to the father of this little girl, who was taken with a very severe chill, and that accompanied with a profuse hemorrhage from the lungs. By the use of *Lycopus*, in doses of 60 gtts. every hour, the hemorrhage was subdued, and then the fever treated with Quinia, and cured in some two or three days.

I have frequently had cases that were attended with such profound congestion of the lungs, as to produce almost suffocating dyspnoea. Such is the profound depressing effects of the malaria upon the nerve centres, and especially the vasomotor system, that there are frequently local hemorrhages, especially in those, like the above named cases, who have hemorrhagic diathesis. The impaired tonicity of the vessels gives rise to accumulation of blood in all the more vascular structures and organs, especially the lungs, spleen, liver, and often the mucous membranes. It is the special depressing defects upon that part of the vaso-motor nerves controlling the peripheral circulation, that causes that pale, shrunken appearance, together with the coldness of the surface during the stage of depression—the *Chill*.

But the rapid accumulation of heat in the internal structures and organs increases the heat of the blood to such an extent that the contraction of the peripheral vessels are overcome, and this increased or accumulated heat is soon carried throughout the whole system, and finally causes that complete exhaustion—or the sweat. This relaxation is sometimes so complete that there will be an apyrexia—complete intermission. And in cases of a perfect relaxation, so that the sweating stage carries off all the abnormal heat, there will be not merely a remission, but this complete intermission, as in case of the intermittent type. But where the malaria is of very great intensity, or where the patient's vital force is greatly lowered, then the molecular changes are so impaired, and the vaso-motor function of the periphery and also the whole system is so perverted, that the generation of heat fails internally, hence the cold stage continues, and sometimes proves fatal quickly.

This constitutes congestive, or pernicious malarious fever.

In cases of extreme depression of vaso-motor power, especially of the pulmonary vessels, including the capillary network of the lungs, there may be such exudation and compression of the air-cells, that suffocation may take place at once.

As regards the treatment, that must be such as will meet the special indications. As soon as a remission occurs, or is produced with Gelsemium and Aconite, in dose of 20 gtts. of the former, and one drop of the latter, then 2 grs. of Cinchonidia every two hours, or if the remission is imperfect, 1 gr. every hour, until five or six grains have been taken, which will soon brake up the fever. If this course, however, fail, and there be neuralgic pains about the chest or body, then leedron may answer well. If the fever continue with great thirst during the sweating stage, then one or two gtts. of tincture of Arsenic may be given hourly until 5 gtts. have been taken, which sometimes quickly checks the fever. In cases of dumb ague, or in cases that continue to relapse, after the patient removes from the malarious region, Eucalyptus Globulus will often complete the cure quickly.

In cases attended with throbbing headache ; pain in the bones, with faintness, nausea and vomiting, then Eupatorium perfoliatum will do good service. The hyposulphite of soda is recommended very highly in this fever.

MARIETTA, GA.

[For Eastern Medical Journal.]

Ozone as a Remidal Agent.

EDITOR EASTERN MEDICAL JOURNAL :—I believe Ozone to be the medicine of the future. Disease, as we usually denominate it, is an effort of the vital forces to rid the body of morbid and effete material, and so requires oxygen in abundance for this purpose, hence Ozone, consisting as it does of an additional endowment of this substance, ready to be imparted in the nascent form, constitutes the most effectual medium for supplying it. I therefore regard Ozone Water as a valuable invention and shall welcome its more common use into the regular medical practice as a most desirable improvement of our present methods. I think an enterprise to supply it must be very lucrative. Knowing the parties interested, (The Chemical Ozone Manufacturing Co., Boston, Mass.) I am convinced of their uprightness and singleness of purpose, and believe them to have established a business which will yet be of incalculable benefits.

PROF. ALEX. WILDER, M. D.

NEWARK, N. J.

THORP & LLOYD BROTHER'S GENUINE SPECIFIC MEDICINES.

We prepare these Remedies from recent materials when such are indigenous to this country, sixteen troy ounces to the fluid pint. Those of foreign origin are in every instance made from the choicest drugs. Belladonna, Hyoscyamus, Arnica, Pulsatilla, Staphysagria, and many others are carefully prepared to our order in their native country while fresh, and imported direct. We have the experience of many years in the manufacture of this line of remedies, and by care and attention have obtained for these preparations an enviable reputation. They are in use by all schools of medicine, and we propose ever to uphold their quality.

We do not assert that these medicines contain any properties beyond those of the Fresh Crude materials, extracted with skill and best menstruum. They are very concentrated, and we ask those who desire unfailing preparations to insist upon receiving them with our label.

Our facilities and experience enables us to present these medicines at very close prices. They are on an average four times stronger than the tinctures made by office maceration from green material. Each label contains indications and directions for use.

We have prepared for physicians' use a little book with facsimile engravings of about one-hundred labels, containing indications and directions for use, designed and prepared by Prof. Scudder. They are copyrighted and our house only receives it. We mail it free to physicians who apply for it.

The small index figures following the names of several remedies refer to valuable notes which all should read.

Vial included.	Pint.	4 oz.	Vial included.	Pint.	4 oz.
Achillea	\$1 80	\$ 50	Calendula flowers	\$2 25	\$ 60
Aconite root	2 00	55	Cannabis Indica ⁵	2 50	65
Actæa alba	1 80	50	Cannabis sativa	1 80	50
Æsculus glabra ¹	2 25	60	Cantharis	2 50	65
Æsculus Hippocastanum	2 25	60	Capsella Bursa Pastoris	1 80	50
Agrimonia	1 80	50	Catalpa	1 80	50
Ailanthus	2 50	65	Caulophyllum	1 80	50
Aletris	2 50	65	Cereus Bonplandi	6 00	1 55
Alnus	1 80	50	Chamomilla (Matricaria)	2 00	55
Ambrosia Artemisi.	1 80	50	Chelidonium	2 00	55
Amygdalus	1 80	50	Chelone glabra	1 80	50
Anthemis	2 00	55	Chionanthus	2 25	60
Apis	3 00	80	Cinchona Calisaya	4 00	1 05
Apocynum androsaemifolium	1 80	50	Cnicus benedictus	1 80	50
Apocynum cannabinum ²	1 80	50	Coffea Arabica	2 50	65
Aralia hispida	1 80	50	Colchicum seed	1 80	50
Aralia racemosa	1 80	50	Collinsonia	1 80	50
Arnica	1 80	50	Colocynth	2 50	65
Asclepias incarnata	1 80	50	Conium leaves ⁶	1 80	50
Asclepias tuberosa ³	1 80	50	Conium seed	1 80	50
Avena	2 00	55	Convallaria Majallis	3 00	80
Baptisia	1 80	50	Columbo	1 80	50
Barosma	2 25	60	Cornus florida ⁷	1 80	50
Belladonna leaves	2 00	55	Cornus sericea	1 80	50
Berberis Aquifolium	3 00	80	Corydalis	2 25	60
Boletus Laricis	3 00	80	Cubeba	3 00	80
Bryonia	2 50	65	Cypripedium	2 00	55
Cactus flowers	6 00	1 55	Damiana	3 00	80
Cactus grandiflorus ⁴	5 00	1 30	Digitalis	2 00	55
Cactus vulgaris	3 00	80	Dioscorea	1 80	50

This page is taken from Thorp & Lloyd Brothers' new Prices Current.
The entire list contains eighty pages. Send for it.

GENUINE SPECIFIC MEDICINES.

Vial included, 	Pint.	4 oz.	Vial included, 	Pint.	4 oz.
Drosera	\$2 50	\$ 65	Myrica	\$1 80	\$ 50
Dulcamara	1 80	50	Nepeta Cataria	1 80	50
Elatarium ⁸	2 00	55	Nux Vomica	1 80	50
Epigæa repens	1 80	50	Onosmodium	1 80	50
Epilobium	2 00	55	Oxydendron (sour wood)	2 50	65
Equisetum hyemale	2 50	65	Panax	2 25	60
Ergot	3 00	80	Penthorum	3 00	80
Erigeron	1 80	50	Physostigma	2 50	65
Eriodictyon glutinosum	2 50	65	Phytolacca	1 80	50
Eryngium	1 80	50	Pinus Canadensis	1 80	50
Erythroxyton Coca	3 00	80	Piper Methysticum	2 50	65
Eucalyptus	2 50	65	Plantago major	1 80	50
Euonymus	1 80	50	Podophyllum	1 80	50
Eupatorium aromaticum ⁹	1 80	50	Polemonium	1 80	50
Eupatorium perfoliatum	1 80	50	Polymnia Uvedalia	2 50	65
Eupatorium purpureum	1 80	50	Polytrichum juniperinum	1 80	50
Euphorbia corollata ¹⁰	1 80	50	Polygonatum giganteum	1 80	50
Euphorbia hypericifolia	3 00	80	Polygonum	1 80	50
Fraxina Carolinensis	1 80	50	Prunella vulgaris	3 00	80
Fraxinus Americana	1 80	50	Prunus	1 80	50
Fucus	2 50	65	Ptelea trifoliata	2 00	55
Galium	1 80	50	Pulsatilla	2 50	65
Gaultheria	1 80	50	Quercus alba	1 80	50
Gelsemium	2 50	65	Rheum	4 00	1 05
Gentiana lutea	1 80	50	Rhus aromatica	2 50	65
Geranium	1 80	50	Rhus Toxicodendron ¹²	2 50	65
Gossypium	2 50	65	Rumex crispus	1 80	50
Grindelia robusta ¹¹	2 75	70	Sambucus	1 80	50
Grindelia squarrosa	2 75	70	Sanguinaria	1 80	50
Guarana	4 00	1 05	Sarracenia	2 00	55
Hamamelis (distillate)	75	20	Scutellaria	1 80	50
Helleborus niger	2 25	60	Senecio	1 80	50
Helonias	2 50	65	Senega	2 50	65
Hepatica	1 80	50	Senna	1 80	50
Hydrangea	1 80	50	Serpentaria	2 25	60
Hydrastis	2 00	55	Staphisagria	2 50	65
Hyoscyamus	2 25	60	Sticta	3 00	80
Humulus	3 00	80	Stigmata Maydis	3 00	80
Ignatia	2 50	65	Stillingia	2 25	60
Inula Helenium	1 80	50	Stramonium	1 80	50
Iris versicolor	1 80	50	Taraxacum	1 80	50
Ipecac	4 50	1 20	Thuja	2 50	65
Jaborandi	3 00	80	Tela Araneæ	3 00	80
Juglans cinerea	1 80	50	Tiger Lily	2 25	60
Kalmia latifolia	1 80	50	Triticum repens	2 50	65
Kameela	3 00	80	Urtica dioica	2 00	55
Lappa officinalis	1 80	50	Ustilago Maydis	2 50	65
Leptandra	2 00	55	Valerian	1 80	50
Lobelia seed	2 25	60	Veratrum album	1 80	50
Lupulin	2 25	60	Veratrum viride ¹³	2 25	60
Lycopodium	2 25	60	Verbascum	1 80	50
Lycopus	1 80	50	Viburnum Opulus ¹⁴	1 80	50
Macrotys	1 80	50	Viburnum prunifolium	1 80	50
Mangifera Ind	3 00	80	Xanthium Spinosum	2 50	65
Marrubium	1 80	50	Xanthoxylum bark ¹⁵	2 00	55
Matico	2 25	60	Xanthoxylum berries	2 25	60
Melilotus	1 80	50	Yerba Santa (see Eriodictyon glutinosum)		
Mitchella	1 80	50	Zingiber	1 80	50

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The entire list contains eighty pages. Send for it.

MISCELLANEOUS PREPARATIONS.

Under this head we continue certain substances which were originally desired by physicians, but which are necessarily different from the foregoing. It is unnecessary for us to consume space with descriptions of each, as they are known by all who use Specific Medication.

	Pint.	4 oz.		Pint.	4 oz.
Acid Hydrochloric, dilute	\$ 50	\$ 20	Ferri Aceticus ¹⁹	\$2 25	\$ 60
do Sulphurous ¹⁶ . .	50	20	Phosphorus ²⁰	1 50	40
do Carbolic ¹⁷	80	25	Podophyllin triturated, per oz.	25	
Carbo-Vegetalis	2 00	55	Sodium Phosphate ²¹ .	70	20
Cinnamon	2 25	60	Sodium Sulphite ²¹ . . .	70	20
Cuprum ¹⁸	2 25	60			

NOTES.

1. When "Æsculus" is ordered, we furnish the preparation of *Æsculus glabra*.
2. When "Apocynum" is ordered, we furnish the preparation of *Apocynum cannabinum*. This is the only species in commerce.
3. When "Asclepias" is ordered, we furnish the preparation of *Asclepias tuberosa*.
4. When "Cactus" is ordered, we furnish the preparation of *Cactus grandiflorus*.
5. When "Cannabis" is ordered, we furnish the preparation of *Cannabis Indica*.
6. When "Conium" is ordered, we furnish the preparation of *Conium leaves*.
7. When "Cornus" is ordered, we furnish the preparation of *Cornus florida*.
8. Each pint of this preparation represents sixty grains of *Eleterium*.
9. In ordering be sure to specify the *Eupatorium* desired.
10. When "Euphobia" is ordered, we furnish the preparation of *Euphobia corollata*.
11. When "Grindelia" is ordered, we furnish the preparation of *Grindelia robusta*.
12. When "Rhus" is ordered, we furnish the preparation of *Rhus Toxicodendron*.
13. When "Veratrum" is ordered, we furnish the preparation of *Veratrum viride*.
14. When "Viburnum" is ordered we furnish the preparation of *Viburnum Opulus*. This is the *original* *Viburnum*, and is the preparation labeled simply "Viburnum."
15. When "Xanthoxylum" is ordered, we furnish the preparation of *Xanthoxylum bark*.
16. This is not the ordinary "Sulphurous Acid" of commerce. It is alcohol s. g. 0.820 saturated with sulphurous acid gas.
17. This preparation of Carbolic Acid will dissolve in water in any and all proportions.
18. This is Radmacher's Tincture of Copper.
19. This is Radmacher's Tincture of Iron.
20. This is alcohol s. g. 0.820 saturated with pure phosphorus.
21. This Sulphite and Phosphate of Sodium is not the commercial crystallized salt. Each preparation is mostly free from water, and is made for this special purpose. They are very much stronger than the commercial salts, and the sulphite is not prone to absorb oxygen and change to sulphate of sodium.

UNDER the name "Specific Medicines" we present to the medical profession a line of unexcelled pharmaceuticals. These medicines are made from *tested* materials, and are prepared with great care and skill. They have obtained an enviable reputation, and over this entire country are praised by the best practitioners.

If you desire an accurate and concentrated liquid preparation of crude material, use Specific Medicines. If you desire nice, clean preparations, use Specific Medicines. If you desire remedies that will not fail when indicated, use Specific Medicines.

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French Interest in Ferran's Work.

A correspondent writing from Paris, says:—"The French Minister of Commerce has just determined on sending a mission composed of medical men to Spain, for the purpose of studying on the spot Dr. Ferran's system of inoculation as a prophylactic against cholera. Three gentlemen, whose scientific attainments have won for them a high reputation, have already been selected. They are M. Brouardel, member of the Academy of Medicine and President of the Board of Public Health; M. Roux, the able lieutenant of M. Pasteur, who was employed on a similar errand in Egypt some time ago, and M. Albarran, a well known surgeon. Dr. Ferran's system, which was first mercilessly ridiculed, is now being seriously considered, and is exciting the steadfast attention of the medical world. His experiments have attracted a great deal of attention among physicians and chemists, and every one will unite in hoping that he may have discovered a practical remedy against this most terrible and mysterious of scourges.

"Professor Pasteur has published an interesting letter from Dr. Ferran, of Valencia, concerning vaccination for cholera. In this letter Dr. Ferran asserts that the results obtained are becoming every day more irresistibly eloquent. The experiments in Alcira had been confirmed in numerous towns. Anti-cholera vaccination had been practiced upon all classes of society, but in a great many places the greater number of those operated upon belonged to the pauper class, and the results proved none the less satisfactory. Dr. Ferran, though of opinion that one inoculation is effective, recommends that it be repeated, in order to make its assurance doubly sure. In reference to the official prohibition of vaccination, (which has since been cancelled in deference to public opinion), Dr. Ferran intimates that the measure was taken in consequence of two persons belonging to an already cholera visited family dying the day after vaccination. These casualties Dr. Ferran attributes to the use of impure lymph, and states that in 16,000 cases, for which he has had personally inspected lymph, no evil results had followed. Dr. Ferran attributes the discovery of the anti-cholera vaccination to the theories of Prof. Pasteur."

[A dispatch to the *New York Herald*, dated July 12, states that the Government has notified Dr. Ferran that he will not be allowed to continue his inoculations except in the presence of those appointed to keep inoculation statistics.—ED.]

———DR ALLEN is Visiting Surgeon to Charity Hospital, N.Y.

EASTERN MEDICAL JOURNAL.

Editor,
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Worcester, Mass.

Assistant Editor.
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109 E. 35th St., New York.

WORCESTER, MASS., JULY 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

The Advance of the Scourge.

News has been received that the Cholera has crossed the Pyrenees from Spain into France. Several cases were reported July 8th from the French side of the frontier. Three cases at Perpignan proving fatal; while the disease is yet making terrible ravages in Spain. Something like 1500 new cases a day are reported, with a mortality of about sixty per centum. The history of all former epidemics of cholera leads one to think that further extension must be counted upon. Hopes were entertained last winter that the disease had worked itself out, as it had abated considerably during the cool months. In former inroads of cholera into Europe it has raged almost as violently during the winter months as in the warm season; but this time the epidemic was nearly paralyzed, which led to the belief that it had permanently ceased. This supposition has proved a mistake, as the death-rate in Spain has been almost as large during the last three weeks as in any of the country districts in Italy and southern France in the summer of last year. This shows no abatement of the scourge,—simply a change of location.

Formerly, the epidemic has raged in Europe for two or three years before it crossed the Atlantic, and while we have thus far escaped it, there is no reason why the extraordinary precautions that were taken a year ago, when the disease was at its height, should now be abated. The utmost vigilance must be kept up or it will again visit us as in former years. And if everything possible has been done to ward off the disease, we are still unsafe through the negligence of others. It has been proven almost beyond a doubt, that land quarantine is practically inoperative, while, on the other hand, a strict seaboard quarantine may be productive of the desired results. Unfortunately for us, we cannot be certain that the precautions we take will also be taken by other inhabitants of this continent. Should the cholera find lodgement in South or Central America, it would out-

flank our seaboard defence. So that we are in a position which will require every care, to keep clear of the malady.

Next to preventing the entrance of the disease, the most effectual means of resistance is through local sanitary arrangements. Let it be the duty of every practitioner to lend his efforts to accomplish this end. The disease more often attacks those who live under bad hygienic conditions in respect to food and lodgings, and especially those who are debilitated by alcoholic excesses, and those suffering from digestive weakness. Therefore every effort which is directed to overcome these conditions which challenge the cholera, is a preventive.

The Agencies of Causation of Disease.

From the beginning, the cause of any disease has been generally considered inscrutable, counting out infectious maladies; for these latter, touch and emanation was thought sufficient without going into detail. Some years since, the working (or progressive development) of a disease in the body was attributed to a fermentative process; but it was not attempted to explain how that disease would jump from one person to another. Recently the clew has been thought reached, by stating dogmatically, every malady is caused by the invasion, or presence in an individual of a special parasitical bacillus. During the eager desire of announcing a cause, the fact of the animal body being already full of a variety of bacilli, continually passing through and changing, and the possible selection of a certain one has been overlooked; the means of its rapid multiplication, as regards pabulum, has been overlooked; the fact of its multiplying (in different ways) is known; how bacilli affect to sickness and death, is not known; they may be poison-carriers, or they may effect a certain mechanical displacement in the normal blood-elements, to the exclusion of proper tissue-elements. This provisional uncertainty of bacillus life, bacillus feeding and bacillus potency in the individual, does not obtain outside the individual; here, at least, we see that contagion is effected by the introduction of bacilli into the bodies of other individuals.

The manner of introduction is generally assumed to be by using drinking or cooking water; insects, as flies and mosquitoes are supposed to convey bacilli, but practically, this latter means is open to doubt.

Bacilli cover everything in nature; everything we touch is a conveyancer of infection by our fingers; but medical attendants rarely catch disease; when they do, it is usually attributable to

imprudence in staying too long by the side of an infected person; therefore it is advisable to make a short visit, and to avoid touching a patient as much as possible, as the pulse, temperature and respirations can all be taken by a room-attendant; a physician should wash his hands in every house, and at home on returning; although bacilli may adhere to the physicians' hair, it is the hands that touch everything and everybody.

Whether bacilli and sickness are controvertible terms remains to be discovered; typhus and typhoid may last for weeks; again, a severe fever may supervene during lactation, which may be brought to terms in a few hours by a strong purgative. Fœces being composed almost entirely of bacilli, it may be readily explained how purgative medicine will drain the tissues of such.

We are deeply indebted to bacteriologists, but in the present period of transitional doubt, we can effect a great deal of good, by prescribing in the usual, ordinary way; the schools differ, but no doubt in theory and principles, they all follow the same road.

General Grant.

Of the condition of General Grant, we learn through the newspapers, and through the *Medical Record*—the editor of the latter being one of the illustrious patient's consulting physicians. That the malignant growth in the throat of the General is making steady progress, and that the end is not far off, is certain. While the change of air incident to his removal to Mt. McGregor has proved beneficial to his general health, it has caused no material abatement in the progress of the cancer.

Until recently, cocaine has been applied to the throat to allay the pain, but has been discontinued on account of its supposed paralyzing effect upon the tongue and larynx, causing loss of voice. It may, however, be resorted to again, in order to lessen the sufferings of the patient. The early diagnosis of the physicians in charge of the case has proven to be correct, and the abuses, which have been heaped upon the worthy medical attendants have ceased.

Healthy Dwellings for Workingmen.

We are pleased to learn that a movement is being made in New York City, which may prove of inestimable value to the working classes, and greatly in the interest of the people's health.

The plan, which should be carried out in all our large cities, is to have a company build blocks of houses on the most approved plans, and with all the advantages of skilled oversight of such sanitary conveniences as may, without extravagance, be furnished. It is to be conducted as a business enterprise, on strict business principles; but the rate to be received from the investment is to be limited to four or four and one-half per cent. of interest. All beyond this is to accrue to the occupants and go as a deduction from rentals. The time is coming when it will be possible for the workingmen to secure abodes for their families where avoidable diseases will be well nigh prevented.

Some Suggestions.

Dr. A. Giberga, of New York, a graduate at the University of Barcelona, Spain, from which Dr. Ferran also graduated, has had occasion to study extensively sporadic and epidemic cholera, makes the following suggestions concerning the prevention of the disease:

"I have had occasion practically to study sporadic and epidemic cholera, and I am firmly convinced that it is not only possible, but even very easy, to avoid its terrible attacks by adopting the theory of Hahnemann and of Drs. Burg, Gallippe and Paul Bert, with slight modifications, as I did in Barcelona during the epidemic of 1865, and in Mantazas, Cuba, in 1870.

"I recommend, and have used in hundreds of cases with the best results, the application of metallic copper on the epigastric region—a copper plate as thin as may be desired, about five or six inches long and three inches wide, placed constantly on the upper part of the stomach, night and day. It produces first a remarkably warm sensation, followed very soon by eritema (or red coloration) and a small granulation. When these exterior symptoms have appeared the contact of the copper plate becomes very irritating, and in order to avoid part of this trouble I advise that it be covered with a piece of cotton stuff. If the water used in the city or village is in uncovered reservoirs or passed through pipes in the open air I would advise that it be filtered (in preference to boiling) through a coat of ground charcoal ten or twelve inches thick. It is well to abstain from eating vegetables, salads or fresh raw fruits, and follow in every particular the customary hygienic precautions of life."

ERRATA: In the June number, in the editorials, P. 140, line 15 from bottom, for in parts, read infarcts; same P., line 5 from

bottom, for anti-bacillum, read ante-bacilium ; P. 141, last line, for views, read virus ; P. 143, line 14 from top, for tranmsatism, read traumatism.

Society Proceedings.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Stated Meeting June 17, 18 & 19.

H. K. STRATFORD, M. D., PRESIDENT, IN THE CHAIR.

The National Eclectic Medical Association met, pursuant to call, at Altoona, Penn., on Wednesday, June 17, 1885. Dr. H. K. Stratford, of Chicago, called the meeting to order, and Rev. Mr. Curley, Lutheran, offered prayer. Mayor Mann welcomed the Association to the city, and was answered by Pres. Stratford.

The committee on credentials was announced : Drs. Covert of Wisconsin, Durham of Georgia, Martin of Maine, Woodward of Pennsylvania, and Williams of Alabama.

The following committee on grievances was appointed : Drs. S. B. Munn, J. C. Butcher, L. T. Beam, L. P. O'Neal, J. R. Borland.

The roll of States was called, and credentials were received from state and local societies. The societies of California, Texas, Missouri, Arkansas, Tennessee, Kentucky, Michigan, Vermont, New Hampshire, Massachusetts, and New Jersey failed to submit credentials.

The President delivered his annual address.

The committee on credentials reported favorably the various names submitted to them, except several from Iowa, against whom exceptions were filed. These were afterwards reported favorably and elected.

In the afternoon the Treasurer's report was presented. The association has done much work—having printed and circulated over 9000 copies of Prof. King's Address against Medical Statutes, and 500 copies of *Transactions*, 560 pages. The expenditures were about \$975, of which sum \$675 were still due. The receipts, however, have considerably reduced this amount.

The reports of Status of Eclectic Medicine in the several States were read, and indicated a marked improvement in prospects. The general sentiment was that of determined resistance to encroaching legislation, and gratification over the defeat of medical bills.

Amendments to the by-laws now pending, were considered and adopted to the following effect :

1. Requiring credentials of delegates from State and local societies to give their academic rank and the time during which they have been engaged in the practice of medicine.

2. Creating a Retired List, to be made up of veteran members of fourteen years' standing.

3. Requiring members of the National Association to maintain active connection in the State or local societies.

4. Authorizing the secretary to withhold the *Transactions* from members whose address is not known to him.

5. Providing penalties for commending proprietary medicines.

The Section work was never so well transacted. The papers contributed were numerous and well prepared; they were very generally read and discussed. The chairman and secretaries appeared to be thoroughly awake to the duties of their positions, and their work speaks eloquently in their praise. This fact shows that the association is a most potent factor in the maintenance and advancement of the eclectic school. The literature of the profession will gain handsomely through the sessions at Altoona, and Vol. XIII of *Transactions* will exceed all previous volumes. Dr. Durham, of Atlanta, Georgia, acted as chairman of Section A—on Hygiene, State Medicine, etc.—and Dr. H. B. Piper served as secretary. Some twelve papers were submitted and mostly read by title. Dr. Howe gave the details of two cases of puerperal mania, which were fully discussed. At the close the section was dissolved, and the officers reported the proceedings to the Association.

The report of Committee on Credentials indicated a large addition to the membership. The delegates sent by the Iowa Medical Association caused the most heated controversy; the animosity of the two college factions exhibiting itself in language at once unparliamentary, discourteous, and not free from deserving severe blame. In the end, however, every delegate from that State was admitted, though many items of red tape were put in requisition.

The Secretary read letters from Drs. John King, E. YOUNKIN, and others, apologizing for absence. Dr. Charles BAND, of Nebraska, apologized with a draft for \$100.

Dr. Richards, of Kansas, suggested that the association should place a stone in the Washington Monument, as the American Association had done. Dr. Piper raised the point of order that this would be unprofessional advertising, which was forbidden in the by-laws.

No evening session was held. This enabled the secretary—who was prostrated by the unusual fatigue of the day—to recover from utter exhaustion.

The business of the second day was transacted with unusual advantage and energy. Dr. Munn reported the plan of an organization of an Eclectic Mutual Aid Society, to be constituted of eclectic physicians, and to operate under the auspices of the National Association. Dr. Howe introduced a resolution, which was adopted, fixing the length of papers in the *Transactions* at fifteen pages, small pica; the expense of printing in excess of that number to be defrayed by the writer.

The Iowa College embroglio was disposed of by the adoption of the following report from the committee on colleges:

"Whereas, the National Eclectic Medical Association at its fourteenth annual meeting adopted a resolution as follows:

"*Resolved*, that the King Medical College of Iowa and the Medical Department of Drake University remain on probation for the coming year, to the end that if a favorable record shall be produced of either at the meeting of the National Association in 1885, it shall be recognized as in good standing with other colleges of the eclectic school of practice; and

"Whereas, the two above-named colleges, by respective representatives, did appear before your Committee on Colleges, each against the other, and offered sufficient evidence to your committee to convince us that neither college has made sufficient showing to entitle it to recognition; therefore be it

"*Resolved*, That this association does not at this time give recognition to either college.

(Signed) L. C. Russell, M. D., *Chairman*, N. R. Martin, M. D., J. M. Mulholland, M. D., L. T. Beam, M. D., J. G. Bemis, M.D.,"

The association intermitted its session, and Section B was now organized; Dr. Wilson H. Davis, of Chicago, being chairman, and Dr. John C Butcher acting as secretary. *Materia Medica*, the Practice of Medicine, and Medical Chemistry were included in the province of this section. The eclectic school has won its richest laurels in this department and virtually given law to medical practice in this country. The section after having read several papers, arose and reported progress.

The president laid the following memorial before the association:

ALTOONA, PENN., June 17, 1885.

"To the officers and members of the National Eclectic Medical Association:

"GENTLEMEN:—Some two years ago Dr. James H. Hole, of Salem, Ohio, was expelled from your body for alleged unprofessional conduct. Dr. Hole has always felt aggrieved and desires that his case be reconsidered, in which your petitioners join. We therefore ask that the matter be referred to the committee

on grievances to hear the evidence in his case, for and against; and that the findings be submitted to this meeting.

J. R. STEWART, M. D., Ohio.

J. D. REID, M. D., Iowa,

The paper was accordingly so referred, and the committee retired, after calling for all persons concerned to appear before them.

Section C, embracing Obstetrics, Gynæcology and Genito-Urinary Diseases was formed; Dr. Milton Jay, of Chicago chairman, and Dr. Bennett, of Iowa, secretary. Ably prepared papers were presented and read before the section. The one on Urethral Tumors, by Dr. C. E. Miles, of Boston. elicited an earnest discussion. Dr. McFatrigh, of Chicago, exhibited the body of a fetus that had been removed from the body of a woman thirteen years after its discovery. The committee rose and reported their work.

The Committee on Grievances reported as follows: 'We respectfully recommend that Dr. Hole be reinstated to full membership and restored to all his rights and privileges in this association, on condition of paying all dues accruing.

(Signed) S. B. Munn, J. C. Butcher, L. T. Beam, W. T. Durham, J. R. Borland.

The report was accepted, and its action duly adopted—no one dissenting.

Section D, on Surgery was now organized; Dr. L. C. Russell, chairman, and Dr. J. B. McFatrigh acting as secretary. Dr. Howe read a paper on Surgical Progress, after which the committee rose and reported to the association.

At the evening session a motion was adopted, offered by Dr. Wilder, reconsidering the vote of 1884—accepting the resignation of Dr. Gunn. The subject was then indefinitely postponed.

The report on the Eclectic Mutual Aid Society was taken up and adopted. The association then adjourned till morning.

The Eclectic Mutual Aid Society was then organized by the election of the following officers: president, S. B. Munn; vice-president, H. B. Piper; secretary, Alexander Wilder; treasurer, L. E. Russell; medical examiner, Milton Jay.

The session of Friday began under less propitious circumstances. The action in relation to Drs. Gunn and Hole was rescinded, and the debate exceeded every reasonable limit of parliamentary propriety. The case of Dr. Hole was proposed to be again referred to the committee on credentials; but Dr. Hole, after hearing the discussion, declined any further action in his behalf.

Dr. Howe offered a series of resolutions in regard to medical legislation:

Resolved, That the members of the National Eclectic Medical Association are opposed to partisan legislation having in view the regulation of medical practice.

Resolved, That they are in favor of "Boards of Health" organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

Resolved, That we encourage the testing the constitutionality of laws already enacted in several States, giving authority to organize health officials who discriminate against the professional interests of eclectic practitioners.

Adopted unanimously by a rising vote. The following despatch was read amid tumultuous cheering;

"Boston, Mass., June 18th 1885. Tell the Association that medical despotism is defeated almost unanimously in the legislature. Grass upon Bunker Hill grows greener to-day because liberty still lives triumphant in Massachusetts.

HORATIO G. NEWTON, M. D."

Section B now concluded its work and duly reported. Section C reported without a session.

The electoral committee made choice of the following officers: President, Henry B. Piper, M. D., of Pennsylvania; Vice-Presidents, J. W. R. Williams, M. D., of Alabama; George Covert, M. D., of Wisconsin; and Elizabeth G. Smith, M. D., of Connecticut; Secretary, Alexander Wilder, of New Jersey; Treasurer, James Anton, of Ohio.

Place of meeting in 1886, Atlanta, Georgia.

THE VERMONT STATE ECLECTIC MEDICAL SOCIETY.

Twentieth Annual Meeting at Montpelier, June 17 & 18.

H. J. POTTER, M. D., PRESIDENT, IN THE CHAIR.

[Reported expressly for the Eastern Medical Journal.]

After the usual routine business, the following committee on nominations was appointed: Drs. G. C. Washburn, W. D. Waller and H. E. Templeton.

The following officers were nominated, and duly elected by ballot, for the year ensuing: President, Dr. H. E. Templeton; V. Presidents, Drs. W. D. Walker, H. Ingham and A. D. Ayer; Sec. and Treas. Dr. Geo H. Gray, East Calais; Censors, Drs. H. J. Potter, P. L. Templeton and G. C. Washburne; Librarian, Dr. J. M. Templeton.

Dr. A. D. Ayer reported several cases of urethritis, and advised the use of the catheter, to be retained until after inflammation subsides. Dr. Ingham spoke on the use of Sesquichlorate of

Chromium in scirrhus cancer, in sixteen cases, some cured, and all doing well. He thought it might prove a specific.

Dr. G. D. Soule, of Glover, was elected a member.

Dr. Ayer reported the following resolution, which was adopted :

Whereas, Gov. Gray, of Indiana, has seen fit to appoint Prof. S. S. Roots, of the Indiana Eclectic Medical College, to a position on the State Board of Health ; therefore,

Resolved: That the Vermont State Eclectic Medical Society, in convention this 18th day of June, 1885, at Montpelier, do hereby extend our thanks to Gov. Gray, for his recognition of the Eclectic School of Medicine as equally worthy to hold public positions ; and that a copy of this resolution be transmitted to Gov. Gray.

Committee: A. D. Ayer, W. F. Templeton, W. D. Walker.

Dr. P. L. Templeton read a very able paper on the Principles of Therapeutics, (which will be published in the next issue of the JOURNAL).

Much of the time of the convention was occupied by hearing reports of cases, after which Dr. H. J. Potter, the retiring president, delivered a very interesting annual address.

N. Y. SOCIETY OF MEDICAL JURISPRUDENCE AND STATE MEDICINE.

Meeting June 11th.

Dr. John C. Peters began a paper on "Nuisances," by saying that there was no reason why any one should suffer from nuisances when the laws stood as they did, except the fear and bother of going to law. It was not denied that every one had the the right to the air which floated over his premises. And it should be also remembered that, no matter how convenient the locality was to the aggressor, it was only proper when not injurious to others. The fact that similar or even worse nuisances existed in the vicinity was no excuse or defence for any single nuisance, as it had been laid down from time to time by different judges. Judge Abbott, in quoting the common law, had decided that a neighborhood was entitled to fresh, pure air. To constitute a nuisance it was not necessary that an offensive or noxious trade or business should endanger the health of the neighborhood. It was sufficient that it produced what was offensive to the senses.

—THE suit of The People against the Eclectic Medical College of the City of New York has been discontinued by consent and an order to that effect entered in the Supreme Court.

Obituary.

PROP. JAMES M. ARNOTT, M. D., F. R. S.—The cable announces the death of this famous Scotch surgeon. He was born at Chapel, Fifeshire, Scotland, in 1794, and was educated at the High School and University of Edinburgh, where he studied medicine, afterward extending his knowledge by residence at London, Paris and Vienna. He settled at London as a physician in 1817, and became surgeon to the Middlesex Hospital, and Professor of Surgery in King's College, London. He was chosen a fellow of the Royal College of Surgeons about 1820, and became a member of its Council and of its Board of Examiners, and was twice elected its President. In 1860 he represented the Royal College of Surgeons in the General Council of Medical Education of the United Kingdom.

He was the author of the famous treatise on "The Secondary Effects of Inflammation of the Veins," and was the physician or surgeon who directed attention to the subject of pyæmia. Eight of Dr. Arnott's papers read before the Royal Medical and Chirurgical Society of London have been deemed worthy of publication in the "Transactions" of that body.

Since 1865 Dr. Arnott had lived in retirement on his estate in Fifeshire.

DR. JAMES C. AMIRAUX died at his residence in Paterson, N. J., recently, of a complication of diseases. He was born in Quebec, Canada, in 1835, and after travelling over the most of the earth, settled down to practice in Paterson. For a number of terms he held the office of City Physician and Coroner, and such was his popularity that he was several times elected without opposition. One dark night he tumbled into a trap-door of the entrance to the home of a pauper patient whither he had been hastily summoned. The fall caused an injury to the spine which was followed by paralysis, the effects of which followed him through life and contributed to his death. He leaves a wife and three grown-up children.

JOHN J. BROWN, well known in the drug trade and for half a century one of the leading druggists at Andover, Mass., died recently of paralysis, aged seventy-eight years.

PETER O. EISENLORD, a wealthy and excentric physician of Palatine Bridge, N. Y., died suddenly July 6, aged sixty years.

DR. JOSEPH ESTABROOK died at Portland, Me., on July 6, at the age of eighty-seven years. He graduated from Williams College in 1818. He was also a graduate of the Harvard Med-

GEDDES' FLUID EXTRACT OF HEMLOCK BARK.

ABIES CANADENSIS

FAC-SIMILE OF BOTTLE LABEL.

GEDDES' FLUID EXTRACT OF HEMLOCK BARK.

(ABIES CANADENSIS.)

HIGHLY CONCENTRATED FOR PHYSICIAN'S USE.

Price Fifty Cents per Bottle.

GEDDES MANUFACTURING CO.,

BOSTON, MASS., U. S. A.,

Sole Proprietors and Manufacturers

DIRECTIONS.

FOR INFLAMMATION OF THE WOMB, VAGINAL AND UTERINE, LEUCORRHOEA, and other conditions of a similar nature. First cleanse the parts thoroughly with vaginal enema of warm water and white castile soap; this being done, use as a vaginal enema two table-spoonfuls of Extract to one quart of luke warm water, morning and night. In severe cases, use three times daily and oftener if necessary.

FOR HEMORRHOGE OF THE BOWELS AND DYSENTERY. Use by enema ten parts luke warm water to one of Extract.

FOR NASAL HEMORRHOGE. Use as a douche, ten parts cold water to one of Extract.

FOR HEMORRHOIDS. Apply linen saturated with eight parts warm water to one of Extract: increase the proportion of Extract as the severity of the case requires. If internal, use same as for dysentery, by enema.

FOR ALL SURFACE BLEEDING, as Cuts and Wounds, of every nature, bathe freely one part of Extract to eight of cold water, increasing the proportion of extract as the severity of the case demands, *even to full strength*.

FOR CATARRH. Use as a douche, two table-spoonfuls of Extract to a quart of warm water, (in severe cases add one teaspoonful of Glycerine.) Snuff up the Nostrils and blow out freely, for at least five minutes, two or three times daily.

FOR BURNS AND SCALDS. Keep the parts covered with linen, saturated with from four to eight parts water, to one of Extract.

FOR CANKER OR SORE MOUTH. Apply one part Extract, to six of warm water.

FOR TONSILLITIS AND ALL FOLLICULAR INFLAMMATORY CONDITIONS, use as a gargle. The Physician will decide for himself as to strength and frequency.

This extract should be kept corked and in a cool place. Whenever the Extract comes in contact with the Patient's clothing, same should be washed out in cold water. Hot water will set the color and produce a stain.

Physicians will observe that this Extract is highly concentrated, and that it contains nothing but what is extracted by our processes from the bark of the common Hemlock (*Abies Canadensis*.) The above directions are simply a basis from which the physician must use his own judgment regarding the strength of the Extract to be used. We would respectfully suggest the great necessity of thoroughly cleansing the parts before applying the Extract, in cases of vaginal and Uterine Leucorrhoea, and all inflammatory conditions of the mucous tissues, this is absolutely necessary in order to receive the full benefit of the Extract.

WE will send to physicians one bottle free on application, and we trust all physicians who desire to use our goods will insist on their druggist placing same into stock, as we will furnish direct one dozen at regular price, \$8.75, express prepaid. All communications should be addressed to

THE GEDDES MANUFACTURING CO.,

CONTRIBUTIONS TO THE TREATMENT OF PILES AND OTHER
MUCOUS SURFACES WITH EXTRACT OF HEMLOCK (*Abies*
Canadensis.)

The Geddes Manufacturing Co., Boston, Mass.

EAST WEYMOUTH, MASS., Sept. 18, 1882.

Dear Sirs:—I used the bottle of Extract of Hemlock you sent me in a case of piles, accompanied with prolapsus of the rectum in an old man upon whom I had exhausted all the remedies known, both internal and external, with complete success, affording the greatest relief he had been able to obtain.

Respectfully yours,

G. W. FAY, M. D.

WEST SOMERVILLE, MASS., March 22, 1884.

Gentlemen:—I have used your Extract of Hemlock in a number of cases when an astringent was called for and found it excellent. In one very bad case of piles of long standing it succeeded after many other remedies, including astringent, had failed. I shall continue to use your extract in my practice.

Respectfully,

H. P. MAKECHNIE, M. D.

238 ELM STREET.

BOSTON, MASS., March 6, 1884.

Gentlemen:—I have used the sample bottle of Geddes Extract of Hemlock—*Abies Canadensis*—in three different cases, viz.: ulceration of the rectum, bleeding piles and leucorrhœa, with very satisfactory results.

Very truly yours,

C. H. ESTABROOK, M. D.

605 SHAWMUT AVENUE.

KEMPNER, TEXAS, July 7, 1883.

Gentlemen:—Extract received, been *well* tried, and has proved eminently successful in dysentery, piles, and in one case of ulceration of the womb, effecting a permanent cure. I like it, and will recommend it.

Respectfully,

H. E. WOOTTON, M. D.

INDIANA STATE BOARD OF HEALTH,
Office of the President, 230 Third Street.

EVANSVILLE, April 7, 1882.

Gentlemen:—I am using your Fluid Extract of Hemlock in my practice, with satisfactory and successful results, in the treatment of relaxed, inflamed or abraded conditions of the mucous membranes, obtaining decidedly good results in the treatment of leucorrhœa, and in inflammation of the mouth, throat or nasal membranes. It is a desirable and valuable preparation wherever a reliable vegetable astringent is indicated.

Very truly yours,

J. W. COMPTON, M. D., *President*.

WEAVERSVILLE, N. C., Feb. 21, 1884.

Gentlemen:—I have recently used your Fluid Extract of Hemlock in a very bad case of catarrh of the bowels. Its action was splendid. I regard it as a valuable preparation, and shall use it whenever a strong astringent is demanded. It has a fine effect on mucous surfaces.

Respectfully,

J. A. REAGAN, A. M., M. D.

ical School, and studied in Boston with Dr. Ezekiel Cushing. He settled in Camden sixty years ago, and practiced nearly fifty years. He was demonstrator of anatomy in the Brunswick Medical School, and for two years was President of the Maine Medical Association.

Notices, Reviews.

"LOUIS PASTEUR;" HIS LIFE AND LABORS, by his son-in-law, has recently been translated from the French by Lady Claude Hamilton. It has a finely written preface by Professor Tyndall, which is a sufficient guaranty for the character of the work of M. Radot. M. Pasteur has found his true vocation in the investigation of microscopic organisms, and his discoveries have proved of inestimable value. When he undertook to investigate the diseases of silk-worms he had never seen one. At the time he took it up, the silk husbandry of France was in a state of ruin, and his discoveries have helped to bring this branch of industry to a most profitable state. He proved that in the process of fermentation that the ferment was living things. Vaccination of sheep, cows and pigs was first attempted by him. Pasteur is now 62 years of age, but his energy is unabated. At the end of this volume we are informed that he has taken up and examined with success that mysterious and terrible disease hydrophobia. "Even now the experiments are in full swing. Biting dogs and bitten dogs fill the laboratory." There never occurs in Paris a case of hydrophobia which Pasteur is not informed. The character of the man is pictured in such an attractive way that we close the book feeling loth to part with one who seems a very dear friend. Published by D. Appleton & Co., New York.

HAY FEVER AND ITS SUCCESSFUL TREATMENT BY SUPERFICIAL ALTERATION OF THE MUCOUS MEMBRANE. By Chas. E. Sajous, M. D., Instructor of Rhinology and Laryngology in the Post-Graduate and Spring Courses, Jefferson College, etc. etc.

This little work, presented to us by the publishers, F. A. Davis, Att'y, Phil., Pa., is written upon a subject rarely discussed and is of much value. The author has had a large experience in the treatment of the disease by the method he describes. The book is finely illustrated with numerous wood engravings and is well bound in cloth.

URINARY AND RENAL DISORDERS; by Lionel S. Beale, M. D. Dr. Beale's researches into the subjects of which he treats,

have been continuous and remunerative in the cause of science; and the outcome of his labors is full of practical suggestions and original reliable observations. On the difficult topics of spermatorrhœa and allied disorders, he discourses with good sense and cautious taste; and the whole book will go far to unravel many difficult problems in urinary derangements. Published by Messrs. L. Blakiston, Son & Co., Phila. Pa.

A TEXT-BOOK OF HYGIENE. A comprehensive treatise on the principles and practice of Preventive Medicine from an American standpoint, by George H. Rohé, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore, member of the American Health Association, etc.

After a perusal of this volume, we can say that the author has succeeded in writing a book of much value, and should be placed in the hands of every student as well as practitioner of medicine.

The work is divided into twenty two chapters, treating in a systematic manner of Air, Water, Food, Soil, Removal of Sewage, Construction of Habitations, Hygiene, etc., containing 324 pages, bound in cloth. Price \$3.00, and may be obtained from Dr. Geo. H. Rohé, Cor. Greene & Mulbury sts., Baltimore, Md.

BOOKS AND PAMPHLETS RECEIVED.

SANITARY SUGGESTIONS on How to Disinfect our Homes. A resumé of the latest and best information on the household use of Disinfectants, Deoderants and Antiseptics, and of practical precautions preventive of Cholera, Diphtheria, Scarlet Fever, and Infectious Diseases. Prepared for popular perusal by B. W. Palmer, A. M., M. D., price 25 cts. George S. Davis, Publisher, Detroit, Mich.

ON THE HISTORY AND USES OF COD LIVER OIL IN PULMONARY CONSUMPTION AND OTHER DISEASES, by William A. Watson, M. D. Caswell & Hazard & Co., New York, Publishers.

OVARIOTOMY. By James B. Hunter, M. D., Surgeon to the Woman's Hospital; Prof. Gynæcology in the N. Y. Polyclinic, etc.

Medical Items.

—As the heated season makes its approach we have a corresponding increase of Summer Complaints, so termed, of young children. Calomel and Ipecac used to be the specific method of treating these affections. We have come to understand better methods of therapeutics. Mercurials doubtless have their place,

and we are not prepared absolutely to reject their use in certain indications. But judicious bathing, attention to hygienic measures and conditions, are of quite as much importance as mere drugs. At the same time we find a necessity for correcting the causes of morbid irritability which is usually present with the intestinal troubles of infancy and childhood. Our experience leads us to very highly indorse Lactopeptine in these cases, and if our friends have not made use of this agent for these indications, we trust they will make its trial during this season of Choleraic and other infantile diseases of the summer. The combination of lactopeptine, pepsin, pancreatine, pytaline, lactic acid and hydrochloric acid, suggests its influence in the management of these disorders.—*The Obstetric Gazette, Cincinnati, O.*

———DR. NELSON, formerly of the *Planet*, is now co-editor of the EASTERN MEDICAL JOURNAL, Worcester, Mass., of which Dr. Marston is chief editor.—*Pacific Med. Journal.*

———MELLIN'S FOOD.—This preparation is, in fact, an excellent attempt to give the extractive and soluble portion of Liebig's food, without the cellular and indigestible part of the meal. In other preparations of this class this was particularly avoided, but not wholly so, by straining. There is no evidence of starch remaining in this preparation, it having been all converted into grape-sugar and dextrine, and there is no reason to believe that it is prepared from anything but malt and wheat. As a food for delicate infants, there can be no question as to its great value.—*Medical Press and Circular, London.*

———MEDICAL men have on exhibition in the hospital at Kingston, Ont., a colored man named Thomas, who has two hearts and two sets of ribs, and who can move the ribs downward in his body with a motion resembling that of a churn.

———JOY FOR JERSEY.—The theory that the mosquito is a blessing in disguise, devoting itself to extracting malarious germs from the human system, is not new, but it is unpopular, for the remedy is worse than the disease. Recently, however, according to the New Orleans *Times Democrat*, a Galveston man has discovered that a person can easily accustom himself to the bite of the mosquito. Indeed, "the bite becomes actually invigorating, refreshing and pleasant." The *Times-Democrat* has begun the summer season gloriously, and it ought to send a special edition of its mosquito number to the inhabitants of the Jersey flats.

———To physicians not yet acquainted with hydroleine sample and pamphlets will be sent on application if JOURNAL is mentioned. Address Wm. F. Kidder & Co., 83 John st., N. Y.

———THE advertisement on first page of cover tells how to obtain the choice of three valuable and well-bound books free.

———DR. CHARLES M, FREEMAN, of New Jersey, has been appointed medical examiner in the Pension Office, and Dr. Phillip H. Barton, of Illinois, has been appointed assisiant medical referee in the same office, vice N. C. Graham, removed.

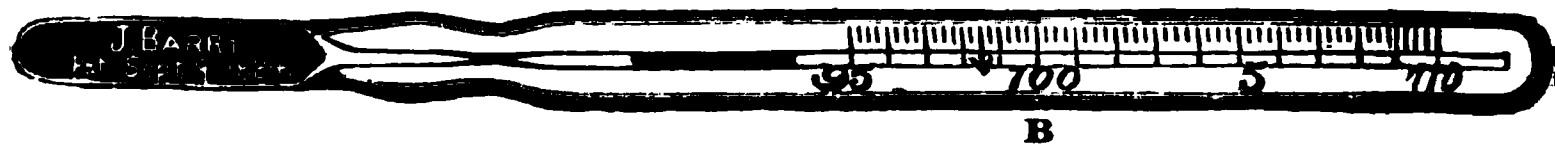
———THE *Medical Indicus* is to be continued by Mr. George S. Davis, of detroit, on the same general plan and with the same regard to typographical accuracy and finish as heretofore. This valuable work will be published monthly.

———READ first page of advertisements, and send a letter to Messrs. Lambert & Co., 307 Locust street, St. Louis Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if the JOURNAL is mentioned.

———MARIAH H. FREDERICKS, M. D., one of the 800 regularly educated female physicians now practising in this country, has been appointed one of the New York Board of Health. She is the only woman in the present corps of twenty-six.

———AN IMPORTANT IMPROVEMENT IN CLINICAL THERMOMETERS. This instrument embodies the following improvements (reference being had to the annexed cut). The tube is of a semilunar shape, through which construction it is not liable to roll and breakage is prevented. Besides, being broad and flat, the lines and figures are made more prominent, and are more readily seen, both when the instrument is held vertically or when it lies flat on the table. It is a fact known to all responsible dealers, thermometers that are made and finished lose one degree of accuracy in one year. This is due to the natural contraction of glass before it assumes an absolutely homogeneous state. We will fully guarantee the quality of these thermometers, as they are well seasoned before they are made up.

A



B



Patented Sept. 9th, 1884.

Your attention is especially called to the above cuts : A indicates the contracted part of the tube, and B an enlarged cross section thereof.

We have made arrangements whereby we can supply all new or old subscribers of the JOURNAL with this valuable instrument and give a year's subscription for the exceedingly low price of \$1.50.

———THE death by cholera of Countess Romeral, at Madrid, reported July 12, was the first case in that city among people of means and position and living in a good neighborhood.

EASTERN MEDICAL JOURNAL

— OF —

Practical Medicine and the Allied Sciences,

Published on the 1st and 15th of the Month,

BY A. J. MARSTON, M. D.

Terms, \$1.00 per Annum.

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VOL. IV.

WORCESTER, MASS., AUGUST 1, 1885.

No. 8.

Some Interesting Cases.

EDITOR EASTERN MEDICAL JOURNAL:—In response to your general invitation to your subscribers to contribute anything of interest to the columns of the "Journal," I have sent the records of two or three cases which have been of more or less interest to me.

Case 1. Called to attend a man 80 years of age—Irishman, of respectable family—found him lying on his back in the back yard of the house, quite dead; when had been called he was said to have been breathing. The back of the head presented no signs of fracture, but it and the neck considerably echymosed, a small, jagged wound in side of neck, with large tumor of extravasated blood in the cellular tissue. That was all. The wound, in itself, seemed entirely insufficient to cause death. On following, with my probe, the wound, it seemed to enter the "internal jugular" vein, but a fine probe could scarcely enter it. What was the cause of death? On looking about and inquiring, I found he had been moved from first position when found, and in this original spot I discovered four or five drops of fresh blood. A broken clothes line (evidently almost new) had been strung across the spot where he had been found. I was nonplussed about the wound in the neck. It was evidently made by a sharp-pointed yet jagged instrument. Was it suicidal, (if so, it was not, apparently, mortal,) and did the man fall (after inflicting it) and sustain a severe concussion of the brain in so doing? Or had it been the result of an assault, and the

victim died from unseen causes other than the wound? I could make nothing of it, and though urged, I refused a burial certificate until I was satisfied of the cause of death. While discussing the cause of death the son of the deceased came home. He at once set about discovering the cause of his father's death. Knowing well his habits, he finally solved the riddle. I am sure I could never have guessed it alone. The facts were these: The son was a builder; his father was employed by him in his business, and as he said, was a strong, vigorous and faithful man. Having been troubled of late by boys stealing his lead pipe in a neighboring house, his father had kept sharp watch on them from his window, situated 55 feet from the ground. His chair was found next the window, the window open. Leaning out (that he could see more clearly), he lost his balance and fell, striking the clothes-line by the middle of his body with such terrible force that the line (made suddenly taut,) snapped in twain. The hook, broken off in the centre, flew back with great force and penetrated (before he could drop to the ground) his neck, to the extent I have indicated. On examining the broken hook it was found bloody; on comparing it with the wound in the neck, it fitted quite exactly. A gentleman in the neighborhood testified to seeing what he supposed to be a bundle of clothing fall from the window. Who could guess the cause of death? So I signed the burial certificate.

Case 2. It is strange sometimes how, in one's practice, incidents will suddenly happen calling back something in our student days. The incident recalled was the remark of a joking college student in the dissecting room. While just about to open the rectum, he stepped up to me and said: "What I am principally concerned about is, are there any fish-bones in the rectum?" I replied, I guess not. The other day I was forcibly reminded of the fact of such things occurring. A gentleman wished me to see his wife. She was in great pain; located it in the rectum; described as sharp, agonizing, etc. He told me it was undoubtedly "piles," as she had suffered from them very much. She insisted, however, that it felt different to her from piles.

I examined the rectum, and discovered something like a long sharp needle lying across the rectum and imbedded deeply in its folds; a great deal of tenesmus was present, and I found with my finger that I could not extract it. So sharp were the ends of the foreign body that they appeared to pierce the coats of the bowel on either side. Blood was present in small quantity. Finally, in attempting with forceps to lower one end and

raise the other, it partially broke in the centre, and was easily extracted. It was a fish-bone, two and one-half inches long, lying across the rectum, and firmly imbedded in its folds. All tenesmus ceased at once. Supposing it had caught somewhere else, who would have *diagnosed* the *disease* (?)? Certainly it was an accommodating fish-bone, and certainly there are fish-bones in the rectum.

Case 3. A suggestion, dropped by Prof. A. J. Howe (during lectures at the "college"), was of great value to me a short time since. You know the professor used to have a habit of shaking his forefinger at the students, and telling of how much value it was to him. "I would give more for that forefinger of mine, sometimes, than I would for anything else; its 'tactus eruditus' is another pair of eyes to me; it is the 'surgeon's finger,' without which, sometimes, I could do nothing." It is better, so he said, than any instrument, sometimes, in extraction of fish-bones from the throat. He used also to say that it was surprising how far the hand, on occasion, could enter the mouth, and how far the fingers could be made to reach down the throat. Some little time since I was called to extract a fish-bone from a man's throat. He and his friends had worked over it, only succeeding in pushing it further down, where it had firmly lodged. With my finger pressed far down I could just touch the tip—with forceps I could reach it, but succeeded in taking hold of the mucous membrane and not of the fish-bone. The man's eyes were full of water, his face purple, etc., from my efforts at extraction. I would add that I was where I could obtain no instruments except the usual pocket-case supply. I made up my mind that it had been worked on so much that a sharp point had penetrated the membrane and that this held it in situ. I then recalled Dr. Howe and his finger. I laid the man's head well back on my arm, told him to open his mouth wide, took a good grip on the hair at the back of his head, and "prepared to descend." I inserted, by forcible efforts, my hand down to a surprising extent, but missed the bone. I didn't know whether I had strangled my man or not. After a few minutes, for him to get his wind and for me to get my "mad" up enough to feel that I would have that fish-bone, I essayed to try again. I made up my mind that if Dr. Howe's hand could get way back in a man's throat, mine should. I gripped his "back hair" tightly and went down with a will. I went down far enough to catch it between thumb and finger and pull it out from where it stuck in the throat. The fish-bone was bloody, but entire. The patient's face was black. Water streamed plentifully from

mouth, nose and eyes. It was with difficulty he could breathe at all. A judicious thumping on back, etc., finally restored him. In five minutes he was all right,, though somewhat shaken up; but I had proved the efficacy of Dr. Howe's fishbone extractor, and shall henceforward number it among my instruments—ever ready, efficient, a pair of eyes, an extractor—it is certainly of service. I call to mind a man—an engineer—employed formerly on the harbor steamers in Boston, a man who was afflicted with "wry neck" to a great degree. The cause, he said, was an unremoved fish-bone, far down in the throat; ulceration, etc., etc., ensued, during which he nearly lost his life; an external operation, afterwards, for removal of foreign body, but with a wry neck remaining.

Having remembered this man I determined to have the bone. My forceps were valueless. And I, at that time, had no other choice of instruments; but I had (on the other hand) a valuable instrument at hand, viz: the "surgeon's finger" of Dr. Howe.

B. H. BURRELL, M. D.

BOSTON, MASS.

Principles of Therapeutics.

BY P. L. TEMPLETON, M. D.

The success of our Eclectic practice is due in a great measure to its system of therapeutics. The first stride towards liberal medication in the United States was made in the latter part of the eighteenth century. Samuel Thomson then declared that irritation, fever and inflammation were not disease, but an effort of nature to overcome disease; that fever was a friend and cold an enemy. Some of the "regular" profession had claimed fever, in its milder forms, a friend, previous to the advent of Samuel Thomson, our New England farmer and reform physician; but their pathology and practice were based on the false theory that fever was a disease and its backbone must be broken or cut out. Samuel Thomson was consistent—once a friend always a friend; and instead of demolishing the fever friend with the sledge-hammers, calomel and antimony, and undermining him with the leech and lancet, he proceeded to remove the cause of fever by stimulating the secretions and equalizing the circulation.

Like all reforms and discoveries the commencement was more notable for its suggestions than for its thorough completeness. Benjamin Franklin brought lightning from the clouds down his kite string; but it has taken a Morse, a Bell and an Edison to harness it to our telegraph, telephone, street

lamps and motors. So with us. Thomson was the Benjamin Franklin of medical reform; and our present completeness was reached through the labors of Beach, Morrow, Curtis, Powell, Buchanan, Newton, King, Wilder, Cook, Gunn and Scudder. Perhaps of those living the most independent are Wilder and Cook. Cook's work on practice, as far as completed, is the most thorough of any work on reformed practice; and although ultra-radical and classed a Physio-Medical, his work deserves to be in the hands of every reform practitioner. He has done much to make our medication scientific.

The standard for selecting Eclectic therapeutic agents was accepted as early as 1835:

"All remedial agents, which, under the ordinary circumstances of their administration, are liable to injure the stamina of the constitution should be dismissed from the catalogue, and their places filled by articles derived from the vegetable kingdom; which, while being as powerful in their operation, are infinitely safer and more salutary in their immediate and ultimate effects on the human system. It is further proposed to dispense with general blood-letting, and to substitute a system of evacuation through nature's grand outlets."—*Morrow*.

It is a great convenience, in prescribing remedies, to arrange them in groups; as the Cerebral, Spinal, Glandular, Mucous, Female, and so on. Another classification more in harmony with Eclectic medication is, Relaxants, Astringents, Stimulants, and Tonics, permanents and diffusives.

It is necessary, when visiting the sick, to group together the organs diseased, and to estimate the extent of the trouble in which each part or organ is involved. Applying remedies, it is customary to give the first attention to the secreting organs, as their condition often constitutes the primary and sometimes the only departure from health; next the circulation, as its flow is obstructed, or its equilibrium needs restoring; and then the nervous and lymphatic systems. By observing this order the prescription can be built systematically.

As a rule, it is advisable to have in each case as few prescriptions as possible, both for the comfort of the patient and for convenience. Therefore, when the purposes can be as well accomplished, it is better to combine two or more remedies in a single prescription.

When combining remedies, an exception is usually made to medicines acting on the various glands. The action of the glands not being synchronous, the medicines adapted to each class of glands must be given at intervals consistent with their

physiological activity. Therefore, combining chologogues with diaphoretics would be unscientific, as would also be, combining cathartics and diaphoretics, or cathartics and diuretics. They should not be combined, as the frequency of the dose should depend on the comparative activity of the parts. Cutaneous activity is so constant and so varied, that remedies controlling cutaneous circulation should be given at frequent intervals—as often as every half hour in urgent cases; while renal secretion seldom requires to be urged by the exhibition of medicine oftener than every three hours; and hepatic action being still slower than that of the kidneys, medicine designed for the liver rarely need repeating, even in urgent cases, oftener than every eight hours; and intervals of twelve or even twenty-four hours are more suitable for chronic cases. When the biliary canal requires prompt evacuants, suitable agents may be administered at intervals of three hours till the result has been obtained. The same principle for prescribing applies to other glands, as the stomach, uterus, and mammary glands. In each case the agent chosen should be from the relaxing or stimulating group, and the particular structure of the organ on which it is to act must be the guide in selecting the remedy. This can be associated to advantage with agents acting on the circulation and nervous system of the organ. In all cases care should be taken to employ such diffusive agents as will be appropriate; so that no organ will be forced as if it were an isolated structure acting independent of its associated organs.

In acute disturbances of the vascular and nervous centres, quickly acting remedies, used at frequent intervals, must be employed until immediate danger is past. Then the secreting and other organs may receive attention as is needed.

As we follow an acute case from day to day, and we see the excitement subsiding and weakness exhibited, the treatment must be more tonic and the use of diffusives restricted. Should depression become considerable, stimulation should be combined with a more sustaining class of agents. Distinctly chronic cases are best managed by slowly acting remedies, combined with diffusives as adjuncts.

A fine practical advantage of our system may here be mentioned. Not attempting to treat any disease by name, the physician is not compelled to delay his prescriptions, nor to deceive his patient with a placebo, while waiting for the development of enough pathognomonic symptoms to enable him to determine the particular malady. He prescribes for the conditions he actually finds present, and can do that with accuracy

and effect without losing valuable time waiting for pathognomonic symptoms to develop. Again, if some unusual symptoms present themselves—a very common occurrence—or a new form of disease appears, he is not helpless from inexperience or from want of information from the authorities, regarding the conditions present. Keeping ever before him the infallible standard of normal anatomy and physiology, and analyzing the symptoms with the help afforded by physical diagnosis till he can understand the exact condition of whatever structures may be implicated; he then makes out his prescriptions with a precision and confidence not attained by any other system of practice.

EAST CRAFTSBURY, VT.

—THORPE & LLOYD BROTHERS' advertisement in this number of the JOURNAL should interest all who want reliable medicine.

—THE Truckee (Cal.) *Republican* urges the artificial propagation of the red mite, a parasite which preys upon and exterminates the migratory locust.

—A NEW TEXAS MEDICAL JOURNAL. Dr. Daniels, formerly of *Texas Courier-Record*, began the issue of *Daniel's Texas Medical Journal*, Austin, July 10th; \$2.00 yearly.

—DOCTOR:—If you are in need of a gynecological and general operating chair, do not pay the high prices asked until you send to the Eureka Chair Company, Worcester, Mass., for their circular. They have a new chair which has advantages over all others, and their prices are below all others.

—W. H. THOMAS, M. D., of Steele's Tavern, Va., says: "My wife has for years suffered intensely with dysmenorrhœa. Every time of menstruation she almost suffered death. It was just one week before her regular time when your Caulocorea came to hand. I gave her tablespoonful doses three times a day up to the time. That time was passed without a single moment's suffering, something that had never occurred before since she began to menstruate. During the week prior to her next sickness, through carelessness, only five or six doses of Caulocorea were taken. That time was also passed over without the least pain. I consider Caulocorea the remedy above all others in dysmenorrhœa. I shall continue to use it in my practice, and I feel sure it will not disappoint me. Thanking you for the great favor to the profession and suffering women by the introduction of Caulocorea, I am, yours fraternally,—"

EASTERN MEDICAL JOURNAL.

— Editor —

A. J. MARSTON, M. D.,
Worcester, Mass.

— Assistant Editor —

C. E. NELSON, M. D.,
109 E. 35th St., New York.

WORCESTER, MASS., AUGUST 1, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Conquered.

As was predicted in our last issue, the great commander has at last been conquered. General Grant died very peacefully on the morning of July 23d.

Some twenty-four hours previous to his death, it was observed by his physicians, that his strength was rapidly failing, and that he was nearing his end. A weak and rapid pulse, with frequent respiration and difficulty in swallowing, told the story of the approach of death.

Efforts to revive the patient by way of stimulants, administered hypodermically and by local application, failed to produce the desired effect. He continued to sink until the last, passing away—as it had been hoped—easily and without suffering, although it was his greatest fear that, as he neared his death, his sufferings would be great.

Undoubtedly his life was prolonged by the able physicians who served him, and his easy death was due to their valuable aid.

While no post mortem examination was made, the correctness of the diagnosis given is undoubted.

Indiscriminate Medical Charity.

Of late, official action has been taken in a New York dispensary, with a view of sifting the pauper claims of applicants for medical relief. This would seem to argue that pressure is felt somewhere. Some time since, in the time of the PLANET, this question was exhaustively treated, with the result, that it was not desirable to curtail the good done in pauper district dispensaries, such as are found in all large cities; it is also extremely difficult to determine the standing of applicants; the function of *questioning* applicants, besides, being a very disagreeable one,

is utterly foreign to the elements that make up a medical practitioner, who is generally credited with mercy, humanity and politeness.

Apart from pauper dispensaries, those institutions that are started for the benefit of the staff, undoubtedly withdraw a large share of practice from doctors who practice in a private manner.

There does not seem to be any way out of these self-made difficulties; we can offer no consolation to those, who having sown the wind of perpetual profit, are now beginning to reap the whirlwind of retribution; which latter is apt to possess the movement of the boomerang.

Cholera.

We are obliged to record the fact that the disease is increasing in Spain. During the past two weeks the number of new cases reported each day has risen from 1500 to more than 2000, while the death rate is about 800 daily. While the disease has not increased in the places first attacked, its area has steadily widened.

We repeat the warning given in our last number, that if we would keep the plague from our shores every precaution must be made. Vigilance, to guard against its introduction into our ports by vessels coming from infected ports, should not be relaxed for a moment; and especially should our southern shores be watched lest the disease find entrance there.

The International Medical Congress.

A good deal of space has been recently given to discussing unseemly squabbling anent the composition of the delegations. It is claimed that code-matters have no connection with the recent bickering, and withdrawals; but unless human nature is very different from what it is, we think old-code matters have *a grent deal to do with it*.

A geographical representation has been advocated, chiefly we believe by Dr. Daniell, of Texas. A scientific representation was argued, comprising the notable specialists, and men of general prominence; these were naturally to be found in the larger cities; of course, this would not do either.

Perhaps the prominent men in the cities, who have resigned, know what they want;—perhaps the members of the original committee know what they mean;—perhaps the members of

the Chicago committee know what is desirable ;—perhaps *another*, new committee should be formed ;—if that is illegal, form a new association ;—if that is impracticable, perhaps then they will tell us what they DO MEAN. By the process of natural selection, adopted from Darwin, we have at last reached a point of advanced stultification, that it will take some time, ability, common sense and good temper to unravel and analyze.

What will they say of us in Europe? Well, what will they say of us here! The old code is not dead yet, but in the meantime it dies hard.

The New York Eclectic Medical College.

Dr. Sturgis, of New York, made himself especially officious in the endeavor to jugulate the above institution ; judging from late events, it would seem to require somebody stronger than Dr. S. to perform that operation. In medical society meetings, it is *very* amusing to hear him advocating the placing of an eclectic medical commissioner on the N. Y. State Examining Board, and at the same time inveighing against the eclectic college ; also, like other new-code physicians, he must tacitly admit the propriety of consultations with eclectics and homœopaths. Consistency is a jewel.

Fortnightly.

Our readers will please take notice that the JOURNAL is to make them fortnightly visits instead of monthly, as heretofore. We have removed our terra cotta jacket, rolled up our sleeves and are prepared to turn out more and *fresher* medical information than any other periodical for the money. Ours is the first liberal Medical Journal to attempt to publish oftener than once a month. All will recognize the advantage a fortnightly journal has over a monthly, in presenting medical news. (What is more uninteresting than a report of a medical society meeting which occurred a month previous!). In order to be up with the medical times we have made this change, and trust our many readers will appreciate our efforts.

Medical Colleges.

A great deal of anxiety is exhibited lest we have too many of such institutions ; that the courses are defective, and the examinations somewhat of a farce. This alleged state of things is supposed to obtain in many allopathic colleges ; when a

homœopathic or eclectic college is mentioned, a deep breath is drawn from the epigastrium, and the eyes roll up with a look of supplicatory horror! The allopaths who revel in the superabundance of knowledge obtained in those same defective colleges, thank themselves that they are not as other men are, especial mental reservation being held for those wicked eclectics.

In our new and growing country, there is room for all, and plenteous opportunity for amelioration.

In the meantime our practitioners can spend a year or two in Europe, to perfect themselves. Also it should be remembered that a large number of pushing, indefatigable Germans are overrunning our country; which will, to a certain extent, neutralize the WORK of the colleges.

Let us not deal too harshly with the colleges; under the circumstances, and handicapped by foreign competition, they are doing the best they can.

Notices, Reviews.

THE TECHNOLOGY OF BACTERIA INVESTIGATION. Concise directions for the study of Bacteria, their culture, staining, inoculation, mounting, etc., according to the methods employed by the most eminent microbists. By Dr. C. S. Dolley. One volume, 12mo. cloth.

Until the appearance of this volume by Dr. Dolley, there was nothing written to give the student and physician any knowledge of the methods employed by such men as Koch, Pasteur, Erlich, etc. The book gives the full directions how to study the different forms, especially those having a pathogenic significance, and will be appreciated just at this time, when the Etiology of certain infectious diseases are creating such wide-spread interest. We can do no better than to give the following summary of the work.

“CHAP. I. MICROSCOPICAL PREPARATIONS.—(1) Study of living forms; (2) Study of fixed forms — (*a*) without staining, (*b*) by staining; (3) methods of making preparations of the Bacilli of Anthrax, Glanders, Hog Cholera, Lepa, Septicæmia, Tuberculosis, Typhoid Fever, the Micrococci of Gonorrhœa, Infectious Myelitis, Pneumonia, Rabies, etc., according to the methods of Weigertz, Kaatzer, Koch, Babes, Baumgarten, Erlich, Flugge, Rindfleisch, Gibbs, Fränkels, etc.

CHAP. II. STUDY OF BACTERIA BY CULTURE.—(1) Culture vessels; (2) culture media; (3) introduction of media into

culture vessels; (4) sowing microbes in culture media; (5) carrying on the culture.

CHAP. III. VACCINATION METHOD OF STUDYING BACTERIA.—*Bacillus Anthracis*, Chicken Cholera, *Bacillus* of Tuberculosis.

CHAP. IV. STUDY OF BACTERIA BY BIOLOGICAL ANALYSIS. Engelmann's method; Metschnikoff's method.

CHAP. V. FORMULÆ, etc.

Sent postpaid on receipt of \$2.00 by S. E. Cassino & Co., 41 Arch street, Boston.

BOOKS AND PAMPHLETS RECEIVED.

ENDOMETRITIS FUNGOSA. Its Pathology, Diagnosis and Treatment, by James B. Hunter, M. D. Reprint from *London Lancet*.

BACTERIAL PATHOLOGY. A series of papers on exhibition at the Biological Laboratory of the Health Exhibition. Reprint from *London Lancet*.

FIFTY CASES OF ABDOMINAL SECTION; WITH REMARKS ON LAPAROTOMY, by James B. Hunter, M. D. Reprint from *New York Medical Journal*.

ELECTRICITY AS A REMEDIAL AGENT, by George C. Pitzer, M. D., St. Louis, Mo.

SUERSEN'S OBTURATORS. Their construction and uses, by Dr. Th. Weber. Reprint from *N. Y. Independent Practitioner*.

SOME INTERESTING REFLEX NEUROSES, with treatment and comments by John J. Caldwell, M. D. Reprint from *Virginia Medical Monthly*.

SURGICAL NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER, by Wm. C. Wile, M. D. Reprint from *New England Medical Monthly*.

ADDRESS, delivered before the National Eclectic Medical Association, June 17th, by Henry K. Stratford, M. D., President of the Association.

HOUSEHOLD PRIMER, D. Lothrop & Co., Publishers.

CONSTITUTIONAL TREATMENT OF CARIES AND NECROSIS, by H. C. Wyman, M. D., Detroit, Mich.

SCIENTIFIC CALIFORNIAN. Monthly. Devoted to Science, Art, Hygiene and Humor. W. O. Thrailkill, M. D., Editor, San Francisco, Cal. \$1.00 per year.

THE PEOPLE'S HEALTH JOURNAL OF CHICAGO. A Popular

Monthly Journal devoted to Health, Hygiene and Preventive Medicine. Edited by Drs. L. D. Rogers and S. Ida W. Rogers. \$1.00 per year.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE. 1885.

THE BAY STATE MONTHLY. A Massachusetts Magazine. \$3.00 per year. Bay State Monthly Company, Boston.

THE following Medical Colleges have sent us their announcements for the coming year:

DARTMOUTH MEDICAL COLLEGE, Hanover, N. H.

UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, Cal.

BEACH MEDICAL INSTITUTE, Indianapolis, Ind.

GEORGIA ECLECTIC MEDICAL COLLEGE, Atlanta, Ga.

THE AMERICAN MEDICAL COLLEGE OF ST. LOUIS. St. Louis, Mo.

THE MEMPHIS MEDICAL COLLEGE, Memphis, Tenn.

Medical Items.

—CHARLES M. CARLETON, M. D., Norwich, Conn., writes to Mr. John W. Goodwyn as follows: My dear sir—Allow me to thank you for the generous sample of your Compound Syrup of Hypophites, which I received in due time. I am so pleased with its action, particularly in certain forms of hereditary syphilis, that I have requested my druggists to provide themselves with a new supply of it.

—THE UNITED STATES MUTUAL ACCIDENT ASSOCIATION of New York is the largest, cheapest and best mutual accident company in the world. The Membership Fee is \$5, payable but once. About \$13 a year (which may be paid at one time if preferred or as the assessments are made during the year) will carry a policy that assures to those having a preferred occupation \$5,000 in the event of death by accident, or \$25 a week in case of disabling injury; \$10,000 accident insurance with \$50 weekly indemnity at proportionate rates.

No professional or business man should be without accident insurance when so small an outlay secures so large an indemnity in the event of serious accident at a time when most needed. Half a million of losses have been paid. All claims are paid immediately upon receipt of satisfactory proof. For further particulars send for circular and application blank to 320 and

321 Broadway, New York. Charles B. Pratt, President; James R. Pitcher, Secretary.

—EXHIBITING A LEPER.—At the Dane County Medical Society's annual meeting at Madison, Wis., June 30th, an interesting and unusual feature was the exhibition by Dr. Sethers, of Stoughton, of a young Norwegian named Iverson, who is suffering from leprosy. The patient presented a horrible appearance, his face being bloated and covered with ugly blotches, the whole red in color and strangely unnatural. The skin was thick on his face, hands and feet, and could be pricked severely without the patient feeling any pain. The disease developed in Iverson two years ago, being preceded by a rheumatic sensation. The malady is hereditary in Iverson's family, though previous to the present case it has not developed for several generations. Leprosy is rare in this vicinity, and Iverson's case has caused a sensation not confined to medical circles.

—PROFESSOR JOHN TYNDALL, of London, has given to the University of Pennsylvania \$10,800 as a foundation for a fellowship in physics.

—A NEW CREMATORY.—The Buffalo, N. Y., Cremation Society has just purchased a lot near the cemetery, and will erect the finest crematory temple in the country. A contract has been made for the apparatus with Joseph Venini, of Milan, Italy. The crematory will be ready for use about November 1.

—THE French Institute has awarded the biennial prize of \$4,000 to Dr. Brown-Sequard for his discoveries in physiology.

—MESSRS. REED & CARNRICK claim that the palatableness of their "Peptonized Cod Liver Oil and Milk" is due to the presence of the digested milk. The well established reputation of this house is a guarantee that this preparation is what it purports to be, that it is emulsified with pancreatine, and not with gums. Pint bottles are sent to physicians who will pay cost of carriage. Address 182 Fulton St., New York.

—A STATUE of the botanist Linnæus was dedicated at Stockholm on the one hundred and seventy-eighth anniversary of his birth.

—SEE The William S. Merrill Chemical Company's advertisement. This firm has gained an enviable reputation by honest work. Their "Green Fluid Extracts" will effect *cures* when the preparations from the dried material fail.

—STRAWBERRIES, on which Paris green had been blown from a neighboring potato field, have occasioned several cases of serious illness in and near Easton, Pa., within a week past.

—DRAINAGE has diminished deaths from consumption in Vermont one-half.

—A CLAIRVOYANT'S MISTAKE.—The great skill in doctoring claimed by clairvoyants was fully illustrated recently by a circumstance which happened in Sharon. An estimable lady who had been sick for a long time with a cancer, which good physicians knew to be incurable, was induced to try a clairvoyant doctor. The one selected was a certain "doctor" of North Easton. He professed to be able to tell the exact condition of the patient without seeing her, and sent medicine and a diagnosis each week. Every letter stated that she was getting better. A few days after her death he evolved the following, which was received by the family:

"NORTH EASTON, June 11.

Mrs.—:—I find you about the same. The acid in the blood has rather diminished. Use the medicine and bathe the same. Keep along with the poultice."

—THE statue to Darwin was unveiled June 10th by Professor Huxley in the Museum of Natural History, Kensington. The dedication address, which Huxley delivered, was on "The Scientific Value of Darwin's Researches." The Prince of Wales received the statue on behalf of the museum. In his address the Prince dwelt at length on the vast influence exercised by Darwin in favor of the progress of knowledge, and expressed gratitude for the support which foreign countries had given the movement to erect the memorial. Among the distinguished persons present at the unveiling ceremonies were Robert Browning, Lord Houghton, Professor Richard Owen and Herbert Spencer.

—ARKANSAS, although it is a long way off, appreciates a good thing when they get it. We quote from a recent communication from M. F. Dumas, M. D., of Battle Knob: "I am compelled to say that the results obtained in the treatment of cases indicated with Geddes' Extract of Hemlock (*Abies Canadensis*) excels my most sanguine expectations. I prescribed it in two cases locally—Nasal Catarrh and chronic Endometritis. Both cases are progressing rapidly toward a cure. I introduce a small portion of the extract into the uterine canal every third day. I use it diluted, combined with a small portion of glycerine as a nasal douche for catarrh. Of course I give both cases constitutional treatment, but they had that all the while with local applications of other remedies, previous to using the extract, and did not progress well.

—WE WOULD especially call the attention of our readers at this time to the advertisements on pages facing reading matter and on the back of cover. Messrs. Parke, Davis & Co., are presenting several preparations of great value to the profession, which should be thoroughly tested.

—UNADULTERATED CHEEK.—The *Illustrated Medical Journal* prints the following under the above head: "For this commodity we commend you to Chicago, and especially to 'The Franklin Mills Company,' now known as 'The Appleton Mills Company,' manufacturers of flour—the Warren entire wheat patent. They have just sent us notice of the change in firm name, heading it, 'Long contemplated; done at last.' We replied that we much preferred our \$8.00 advertising account to be paid, and let the firm name alone, as our account had run over a year against them. We know of other journals in the same financial boat. We fear that there has been no change of heart, even if a change of name. This notice, in accordance with the solicitation, is *free*."

We gladly extend this notice, believing it will be the means of doing much good, by preventing more swindling. We are "left" to the tune of \$7.00 by "The Franklin Mills Company." Please pass this along.

—INOCULATED WITH YELLOW FEVER.—The government has permitted the garrison at Vera Cruz, Mexico, to be vaccinated with yellow fever virus, according to Dr. Carmona's system. Experiments were first made on prisoners, who volunteered for the purpose. Persons vaccinated with the virus have all the premonitory symptoms of the fever. It is thought that the inoculation will serve as a complete protection for four or five years. Great interest is felt in the discovery, and the system will be tried on the west coast and in Sonora.

—"DR. GOSS' *Materia Medica and Therapeutics*, written in the peculiar and positive style of Prof. Goss, portrays undoubted evidence of its originality; it shows that the experience of the author is not only extensive but reliable. It is concise, and the reader gets the necessary information in 437 pages instead of going over one thousand."—*Chicago Medical Journal*.

—THE long established and reliable firm of B. Keith & Co., have moved from 41 Liberty St., New York City, where they have been for twenty-five years, to 75 William St., New York City. Our best wishes go with them to their new location. The long existence and continued prosperity of this firm is conclusive evidence of the reliability of their preparations.

EASTERN MEDICAL JOURNAL

— OF —

Practical Medicine and the Allied Sciences,

Published on the 1st and 15th of the Month,

BY A. J. MARSTON, M. D.

Terms, \$1.00 per Annum.

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VOL. IV.

WORCESTER, MASS., AUGUST 15, 1885.

No. 9.

Erysipelas.—(*St. Anthony's Fire*.)

BY I. J. M. GOSS, A. M., M. D.

Erysipelas is an inflammatory affection of the skin when simple, but Phlegmonous Erysipelas is an inflammation of the deeper tissues, especially the cellular tissue. This form has a tendency to spread.

CAUSES.—It seems to arise, frequently, from some epidemic poison in the atmosphere. It doubtless arises in those of feeble resisting power, when even epidemic. It often follows the habitual use of stimulants, indigestion, wounds, crowded or poorly ventilated apartments. A recent wound may serve as the exciting cause. Neglect of cleanliness, unwholesome food, and bad air are the predisposing causes, but enfeeblement of the constitution any way, may lead to this disease.

SYMPTOMS.—Simple Erysipelas is readily known by the inflammatory redness of the skin, the puffness, tenderness, burning, painful tingling, and tension of the skin. The color may be of a faint-red tinge, or a dark-red or purplish color, which turns white under pressure, which soon fades when the pressure is removed. This disease, like all inflammatory diseases, is ushered in with shivering, languor, headache, nausea or vomiting, soon followed by the redness of the part afflicted, which soon spreads, etc.

PHLEGMONOUS ERYSIPELAS.—This form of erysipelas is

* Excerpt from Author's New Practice.

marked by a deeper redness, or may be of a dusky or purple hue; and the pain is of a burning and throbbing character; the swelling is also greater, and of irregular surface, and pressure produces deep pitting generally. The face is so swelled in some cases as to greatly alter the features.

The fever may run so high as to cause delirium, even when the membranes of the brain are not affected.

DANGERS.—This disease may produce such exhaustion of the vital powers that it may prove fatal. The inflammation may obstruct the air passages by infiltration of the sub-mucous tissues about the windpipe, closing thereby the opening, thereby producing death by asphyxia. This condition may be known by impaired respiration, lividity of the lips and finger nails, altered voice, and sometimes hoarse cough.

It may produce death, also, by coma, from effusion within the cranium, which arises from an extension of the inflammation to the membranes of the brain.

PROGNOSIS.—The simple cutaneous form is much less dangerous than the phlegmonous variety, and the idiopathic variety is less dangerous than the traumatic type. The endemic and epidemic varieties are more serious than sporadic erysipelas. A rapid, feeble pulse; a dry, brown tongue; low-muttering delirium; and great prostration, indicate great danger. When erysipelas attacks the head and face, the membranes of the brain are liable to be implicated, if so, the danger is imminent, unless very skillfully treated. It is especially fatal to drunkards and those of a feeble or broken-down constitution, also to strumous constitutions.

TREATMENT.—This disease should always receive prompt attention from a skillful physician. If the diseased skin presents a bright-red tint, with considerable swelling, with a non-vascular eruption, then 2 to 3 gtts. of belladonna (tinct.) every three hours is indicated, and if the pulse is full, strong and quick, then a dose of veratrum viride, say 2 to 3 gtts. every three hours, or 1 gtt. every hour is called for, and the parts affected should be bathed with the tincture, diluted 1-4 or 1-2 with glycerine. (This local action is very positive in many cases.)

If it is the phlegmonous variety of erysipelas, aconite, in doses of 1 to 2 gtts. every hour, should alternate belladonna. If the eruption is of the vascular variety, and there is œdema, with purplish color of the skin, then 3 gtts. of the tincture of rhus toxicodendron (See the Author's Practice,) is indicated, and will make a decided impression on the progress of the inflammation, if given every hour or two, for a few hours. If

there is smooth œdema, with a tendency to metastasis to the face, then the tincture of Apis mel, (tincture of the honey bee), in doses of 1 to 2 gtts. every one or two hours, will aid the aconite in relieving the inflammation promptly.

If there is a malignant tendency, with enormous swelling of the parts, with excessive burning, and a tendency to gangrene, then 3 gtts. of tincture of arsenic should be given every two hours, until this condition is relieved.

There are a great many cases caused by, or connected with anæmia, in which I have given the tincture of the Chloride of Iron, in doses of 5 to 6 gtts. in children, and 20 to 25 gtts. to adults, every three hours, and applied in a solution of the sulphate of iron to the diseased parts, say 1 $\frac{3}{4}$ of the Sulphate to 1 pt. of warm water, apply by wetting a cloth in this solution occasionally. Some writers recommend the application of nitrate of silver, or tincture of iodine to the diseased part to prevent its spreading, but I have found this solution of sulphate of iron, or glycerine and carbolic acid, better than the other two.

If there are serious exudations and vesicles, then the tincture of cantharis, in doses of 1 to 2 drops for children, and 5 to 6 drops for adults, every two hours, will meet those complications.

Painting with the tincture of veratrum viride, full strength for adults, and half glycerine for children, has proved very successful to prevent the spread of the disease.

Some writers recommend a lotion of carbolic acid, 30 gtts., milk Oj, to be applied to the eruption. I have always found that veratrum or aconite, alternated with belladonna, controlled the lesion of the circulation, then the iron counteracted the peculiar poison in the blood, be it what it may. If there should be great debility, the patient should be stimulated with Ammo. Carb.

MARIETTA, GA.

The Nature of Cholera.

BEST METHODS OF PREVENTION AND TREATMENT—REPORT OF CONSUL MASON.

United States Consul Frank H. Mason, of Marseilles, has sent to the Department of State a *resume* of the practical conclusions concerning the nature of Asiatic cholera and the best methods of prevention and treatment, as derived from studies of the epidemic of 1884 and preceding years at Marseilles. Consul Mason says:

“During nine years since 1835 Marseilles has been visited by Asiatic cholera. The outbreak of 1834 was aggravated by a recurrence of the epidemic in 1835, and those of 1854 and 1865, respectively, were each followed by a reappearance of the

scourge during the summer of the following year. With one exception—that of 1834–35—the cholera death rate of these second seasons was somewhat less than that of the year preceding, and this diminution is attributed largely to the fact that after a year of pestilence the municipal and sanitary authorities, the physicians and the people generally have been able to meet the recurring epidemic more intelligently and with much less of the panic and trepidation that are usually caused by an outbreak of cholera in an inexperienced community.

SYMPTOMS.

Leaving aside all merely abstract theories concerning the origin of the disease or its precise point of attack upon the system, it is important to observe that its symptoms and its methods of attack differ greatly in neighboring cases during the same epidemic. Sometimes preceded by diarrhœa, the cholera develops only after several days of such premonitory illness. Again it strikes its victim while asleep, after a day of apparently perfect health. In one case it produced profuse vomitings and dejections; in another neither of these symptoms. One victim is stricken with intense chills, suppression of urine, loss of voice and violent cramps, while another feels only a painful compression of the chest. Here a case begins with violent symptoms and soon yields to treatment; there another which from a mild and nearly painless beginning proceeds irresistibly to complications which result in death. In no previous epidemic at Marseilles were these manifestations of the disease so various, so complicated and perplexing to physicians as during that of 1884.

THE VICTIMS.

In its choice of victims cholera is most precise and definite. With rare exceptions they belong to one of the four following classes of persons: Those who live under bad hygienic conditions in respect to food and lodgings; those who are imprudent in respect to eating, drinking and exposure; those who are weakened and debilitated by alcoholic excesses and those who suffer from chronic digestive weakness or derangement. Among the imprudences which become dangerous in presence of cholera are over-eating to the extent of producing lethargy or indigestion, drinking any liquid so cold as to check the process of digestion, the eating of raw vegetables in the form of salads, and in general the use of raw fruits, unless they are perfectly fresh and ripe. Drinking cold water or beer after having eaten raw fruit is a direct challenge to cholera, which no person, how-

ever strong and healthy, can afford to risk. The susceptibility of drunkards to choleraic influences is proven by abundant evidence, among which may be cited the sweeping fatality of the disease wherever it has attacked the inmates of an inebriate asylum. Anything, in fact, whether of a temporary or chronic nature, which impairs the vigor of the digestive organs, exposes the person thus weakened to choleraic attack."

ITS TRANSMISSION.

In relation to the transmission of cholera, Mr. Mason says that the contagion is transmitted both by the inhalation of air infected by clothing, rags or wool, which have been tainted by contact with the disease and by water. A man in July last left one of the most affected quarters of Marseilles for his native village of Vogue. He remained there in perfect health until he opened his trunk, which had been packed at Marseilles, and wore a suit of clothing that it contained. Immediately thereupon he and several persons with whom he was living were fatally attacked, and within twenty days 54 of the 630 inhabitants of the village had perished. To this may be added the conclusive fact that the epidemic of 1884 was kindled at Marseilles by the clothing brought to that city in the trunk of a young student coming from the Lycee at Toulon. Equally striking as an example of the power of water to diffuse the contagion, says Mr. Mason, was the case of the village of Omergues, in the department of Basses-Alpes. On the 10th of July there arrived at Omergues a young servant girl who had been in service at Marseilles. Soon after her arrival she washed some linen which had been in contact with a cholera patient at Marseilles in the Jabron—a creek which supplies the village with water. From that imprudence sprang the contagion which decimated that unfortunate community and spread death throughout the entire valley of the Jabron, below Omergues, while the inhabitants of the same valley above the village escaped.

NO DIRECT TRANSMISSION.

Concerning the general question of transmission of cholera, the medical authorities of Marseilles are united in the following conclusion: The disease does not transmit itself directly from a cholera patient to a person in good health, neither by contact nor by inhalation. The dejections and vomit of a cholera patient usually contain the germ of contagion, which, although not immediately transmissible itself, yet, when placed under favorable conditions, quickly breeds and develops the contagious

principle by which cholera always operates, whether through the medium of air or water. Clothing and textile merchandise are far more dangerous as vehicles of this contagious principle than individuals. This choleraic poison attacks only persons who are in a greater or less degree prepared for its inception, and in proportion to the degree of this receptive condition it produces cholera or cholerae.

THE GERM.

In other words, cholera is not directly contagious, like scarlatina, smallpox or diphtheria, but it is a disease producing a germ which, in order to become contagious, requires to pass through a certain process of development. As this germ is contained in the dejections and vomited matter of cholera patients it is the first importance to immediately neutralize such matter with powerful antiseptics. For this purpose the five antiseptics which have been found most effective are a solution of sulphate of copper, in the proportion of not less than two ounces to a quart of water; liquid chloride of zinc, one and a half ounces to a quart of water; bichloride of copper, two ounces to a quart of water; sulphuric acid, four ounces to a quart of water. The same chemicals are used for the disinfection of water closets, sinks and all other seats of decay or infection.

SANITARY PRECAUTIONS.

For washing streets and drains sulphate of iron, 10 pounds in 220 gallons of water, or the liquid chloride of zinc, 20 pounds in 220 gallons, have been found most effective and practicable. Phenic acid, in proportion of 10 pounds to 220 gallons of water, was largely used at Marseilles last year, but the results were less satisfactory than was expected, experts even going so far as to affirm that the phenic principle preserved rather than destroyed the germ of contagion.

[For Eastern Medical Journal.]

Creosote in Dentition.

EDITOR EASTERN MEDICAL JOURNAL:—During the last two years, I have been putting Creosote to a use that is, perhaps, new to some of your readers. I use it during the teething process of infants. With febrile excitement combine with it aconite or any other indicated sedative, and if diarrhoea, etc., be present use Ipecac or Baptisia. I generally order Creosote xʳ, gtts. ii. to iv., Water ℥iv., M. Sig.: Teaspoonful two hours, later three

to four hours. The Creosote x'. may be prepared by adding gtt. x, (ten drops) to Alcohol 98 %, 100 gtt. (100 drops). The practitioner who adds the above remedy to his pocket case and prescribes in the condition named, will certainly receive thanks from the mother of the little one for the promptness with which it has been relieved. C. M. BRUCKER, M. D.,
TELL CITY, IND.

[For Eastern Medical Journal.]

Faulty Diagnosis.

EDITOR EASTERN MEDICAL JOURNAL:—The true physician, before naming a disease from symptoms merely, or venturing a prognosis without sufficient development of pathognomic symptoms, will patiently listen to the history of the case and duly analyze all the symptoms presented, using the aid of science, inventive genius and God-given common sense; then if he is not certain of being approximately correct in his diagnosis, he will do justice to his patient by calling for expert council, and perhaps avoid disgracing the medical profession, besides becoming the laughing-stock for the laity.

The following is a case in point. A poor but respectable young man, not a thousand miles from this town, consulted a symptom doctor, not long since, for an intolerable itching, who prescribed for him, and in fact treated him a considerable time, taking the young man's hard earned money, until the patient was dismissed from his lodging house by his landlady, on account of the discovery of many *pediculi* in his couch. The poor boy, with tears in his eyes, informed the woman that he had done the best he could; he had employed a physician a long time to treat him for erysipelas!

GEO. COVERT, M. D.

CLINTON, WIS.

Pleased with the Fortnightly.

EDITOR EASTERN MEDICAL JOURNAL:—I am regularly in receipt of the EASTERN MEDICAL JOURNAL, and am much pleased with the change to a fortnightly publication. It is a step in the right direction, that I trust will do much towards popularizing Eclecticism. I hope to be able to occasionally furnish you with a practical article for its columns.

Wishing you full measure of success, believe me very respectfully your friend,

T. ARTHUR WRIGHT, M. D.

AMERICUS, KAN.

EASTERN MEDICAL JOURNAL.

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WORCESTER, MASS., AUGUST 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Promptitude in Journalism.

Very many of us are accustomed to the marvellous promptitude in delivery of the *N. Y. Herald*, and the *N. Y. Medical Record*. Promptitude in another direction will be now accorded to our own 'Eastern'; its number of the 1st of August (second number of the fortnightly issue,) was shipped from Worcester on July 31, so that it arrived at destination, New York for instance, on August 1, its date of publication. This will be the pace we will go for the future; enabling our subscribers who reside at a days' distance from Worcester by railroad, to obtain their copies *on time*. In these days of ocean and land telegraphs, delivery of the latest medical news *on time* is an essential feature of journalism. Although well written medical contributions by prominent men have their useful side, the chief province of a medical journal is undoubtedly to furnish the latest intelligence in a comprehensive form, and distribute the same on the day when it is promised; at which time the subscribers are anxiously and with pleasure awaiting the arrival of the postman with the much desired paper.

To recapitulate, those residing at a days' distance from Worcester, will receive their 'Eastern' on the 1st and 15th. Our large subscription list and advertising patronage enable us to do this. We have made arrangements with our New York Editor to have items and matters of importance telegraphed at the last moment, before going to press, if necessary. No one School is favored, in these pages, at the expense of another; but all men of respectability are treated courteously and equally.

Before concluding, in regard to punctuality, let us pay tribute to the *N. Y. Medical Record*, whose enterprising editor (in number of Aug. 1,) had the proceedings of the British Medical Association cabled over from Cardiff on Wednesday; on Thursday,

on the presses in New York; next day, Friday evening, it was at all the houses in the city; always a day in advance of the publishing date, which is Saturday. The '*Record*' often reaches the houses Friday afternoon, instead of evening. All these little conveniences are appreciated by subscribers, and we intend to be in the van of punctuality. Contributors must have corrected proofs returned by the 10th, or 25th; if later, articles are held over to the next number.

The Cholera.

August 3d (*New York Herald*), there were reported 3710 new cases of cholera throughout Spain; and 1501 deaths from the disease occurred. In the same paper it is stated that 200 of the prisoners in the jail at Carthagená were down with the scourge. That it has broken out again in hot weather in Marseilles, supposed by some to have been simply smouldering since the hot weather in 1884; that most of the victims are miserably poor or intemperate. The Italian laborers are notoriously reckless. "Many of the Italians live on very little besides fish, rotten fruit and water." However, this last remark might apply equally to the poor in London and New York, simply because they cannot afford to buy meat, and better quality of fruit. Sickly young girls up to eight years of age have furnished a considerable proportion of cases. It has also broken out in the better quarters in Madrid, as elsewhere; this may have been communicated by servants. On August 4, a number of cases were reported undergoing treatment in Paris; the tourists are leaving that city, and the hospitals are making preparations. In Paris, the water is foul, and drunk filtered, while water-closets are the exception; the night-soil being removed through the lower hall, and placed in carts.

Obituary.

PROFESSOR CHARLES ALPHONSE LEON RENIER. The cable announces the death of M. Leon Renier, the distinguished philologist and archæologist of the French Institute. He was born at Charleville, (Ardennes,) May 2, 1809, and became at an early age a professor in a private college at Nesle. He settled at Paris as a private tutor about 1838, and soon became one of the principal assistants of the late Philippe Le Bas in his great "Encyclopædic Dictionary of France" (12 volumes,

1840-45). These occupations directed his attention to the study of inscriptions, and he founded, in 1845, a "Review of Ancient Philology, Literature and History," at the same time that he undertook a new edition of Courtin's "Encyclopedie Moderne," (30. volumes, 1845-51). In 1850, and again in 1852, he was sent by the Institute to collect Roman inscriptions in Algeria. He supervised their publication, collected materials for a "Corpus" of Roman inscriptions in France, and in 1856 replaced H. Fortoul as a member of the Academy of Inscriptions. He had become sub-librarian at the Sorbonne in 1847, member of the Society of Antiquaries in 1845, and was chosen president of that body in 1855. In 1851 he became professor of epigraphy in the College de France. In 1861 he was commissioned by Napoleon III. to purchase the Farnese gardens on Mount Palatine at Rome, for the purpose of excavating the ruins of the palace of the Cæsars. Professor Renier was author of "Melanges d'epigraphie" (1854), of many memoirs and monographs, edited many classic authors and edited and translated above four thousand Roman inscriptions from Algeria. He was for some years director of the Ecole des Hautes Etudes and was a commander of the Legion of Honor.

DR. GEORGE A. BATES, for many years one of Worcester's most popular physicians, died August 8th, aged 65 years. He was son of the late Dr. Anson Bates, a distinguished physician of Barre, Mass. Dr. George Bates was graduated at the Harvard Medical College in March, 1844. He was a man of broad and liberal views, and was genial in spirit; an excellent physician, having a wide practice. His loss will be deeply felt.

DR. J. SAVAGE DELAVAN, of Albany, N. Y., a member of the State Board of Health, was drowned on August 7th, while fishing in the Adirondacks.

HENRI MILNE EDWARDS.—A cable despatch from Paris announces the death of Dr. Henri Milne Edwards, the naturalist, and member of the Institute and of the Academy of Medicine. He was born at Bruges, October 23, 1800, studied medicine at Paris, and obtained his degree of doctor in July, 1823. After holding the professorship of natural history at the Lycee Henri IV., he was appointed in 1841 to a similar one at the Museum of the Faculty of Sciences, of which he became Dean, and was made professor of zoölogy to the museum in the place of M. Isidore Geoffroy Saint-Hillaire, May 28, 1862. In 1838 he was admitted as a member of the Academy of Sciences (Section of Anatomy and Zoölogy) as successor to M. Cuvier; was elected

associate of the Academy of Medicine in 1854; created officer of the Legion of Honor in April, 1847, and was promoted to the rank of commander August 13, 1862. He was author of "Recherches Anatomiques sur les Crustaces," published in 1882; crowned by the Academy of Sciences; "Manuel de Matiere Medicale," in 1832; "Nouveau Formulaire Pratique des Hopitaux," in 1840; "Histoire Naturelle de Crustaces," etc., in 1837-41; "Lecons sur la Physiologie et l'Anatomie comparee de l'Homme et des Animaux," in 1855-60, and other works. M. Edwards superintended the publication of a new edition of Lamarck's "L'Histoire Naturelle des non-Vertebres," which appeared in 1836-45; and contributed to various scientific reviews, dictionaries and periodicals.

Medical Items.

—THE MORTALITY of the city of Boston was greater in July than for many years. The average monthly death rate is about 600, while for July it reached 1004. Over half of these deaths were children under five years.

—BURGLARS recently entered the house of Dr. N. Jewett, a noted physician of Ashburnham, Mass., secured \$800, and made their escape.

—DEATH FROM TRICHINOSIS.—Johan Faugman, his wife and three-year-old son, recently died in Baltimore, from trichinosis, and a daughter is lying in a dangerous condition.

—MESSRS. C. W. LANE & BRO., 153 Broadway, N. Y., are agents for the Eureka Chair and those who reside in that vicinity will do well to call and see it, as nothing has ever been presented that can equal it for practical work.

—THE SANITARY CONDITION OF THE ISTHMUS.—A correspondent writes from Panama that Colon is in a terrible way, and a perfect plague seems to have stricken the place. There are sometimes as many as twenty-five deaths per day. The population is less than ten thousand. Mr. Ackerly, the road-master of the Panama Railroad, died on July 23d, of hemorrhagic-malaria fever. He was ill but forty-eight hours. The French Consul, Mr. Paul Savelli, died of yellow fever. Three canal employees died yesterday from yellow fever, and about fifty deaths from this disease have been recorded during the month. It must be borne in mind that the terrible condition of the Isthmus just now is directly traceable to the absolute neglect of all the principles of sanitation.

—WHAT is the use of paying \$3.00 or \$4.00 for a thermometer when you can get a perfectly reliable one from a reliable manufacturer for \$1.25? We refer to John Barry's instruments. His name is blown on each thermometer. See advertisement. The flat back prevents rolling from table or desk. Thermometers sent by mail with perfect safety; guaranteed against breakage.

—THE story goes that Drs. Douglas and Shrady are to receive \$12,000 each, for services in the Grant case.

—THE new advertisement of Wm. F. Kidder & Co., on page 3, should be read and their preparations tested. Samples will be sent to any who address them, at 83 John street, N. Y., if carriage is paid and the JOURNAL is mentioned.

—CHOLERA IN ENGLAND.—A case of Asiatic Cholera, imported from Marseilles, August 7th, occurred at Bristol and proved fatal. The victim was a seaman named Alexander Douglas.

—GUARDING AGAINST CHOLERA.—The Italian Postmaster General has notified the Post Office Department at Washington, that, owing to the prevalence of cholera in that part of French territory through which mails from the United States destined for Italy must pass, all mail sacks of the ordinary kind must be fumigated. He suggests that to avoid detention for fumigation, tarred mail sacks be used. The Superintendent of Foreign Mails has issued instructions carrying into effect the suggestion.

—ON SATURDAY, August 8th, there were 4382 cases of cholera in Spain, the largest number yet reported in a single day. The deaths for that day were 1639. In Marseilles there were 170 deaths from the disease during the three days previous to Sunday, the 9th.

—GROSS ADULTERATION OF DRUGS. A druggist near Boston has just filled one order too many for his own good. Dr. Abbott of the State Board of Health sent to him for some deodorized tincture of opium, white wine, syrup, precipitation of sulphur, and zinc. The drugs were analyzed by a chemist, with the following result: The opium was found to be just one-tenth of its proper strength; the white wine was not white wine at all, but strong alcohol; the syrup was a filthy mixture, consisting of three-quarters sugar, and the rest dirt. The druggist said that he had no precipitate of sulphur, an article which is very common. For zinc the druggist sent two compounds of zinc, neither of which was what was ordered, and

also word that a choice could be taken of the two. A prosecution is to follow in this case. The druggist had no idea who his customer was.

—CURE FOR ANEURISM.—In the following will be noticed a cure that has been before attempted, but we believe never successfully. In the relation of the present case, a cure is hoped for: Dr. Vicente Saboia, director of the Rio Faculty of Medicine, has just performed a remarkable operation, only three times attempted before, that of puncturing an aneurism of the aorta artery of the heart of a man, for the purpose of introducing 80 inches of watch spring into the aneurismal sac, which is expected to be filled up by the consequent oxidation of the steel and coagulation of the blood around the pieces of steel. The man lost very little blood, and is doing well.

—SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 208 North Second St., St. Louis, Mo., and mention this journal.

—A FARM FOR LUNATICS.—The Commissioners of Charities and Correction reported to the Board of Estimates and Apportionment yesterday that they had selected a site for a city farm for lunatics. The farm is situated at Central Islip, L. I., and consists of a little over 900 acres of wild land, well timbered and well watered. It is on the south side of the Long Island Railroad, near the station, and a strip a mile long fronts on the line of the railroad. Immediately south of it is the park of the South Side Fishing Club. All the trout streams of the club have their source on the new farm. Much of the land is rolling and hilly, and some of its dells are quite picturesque. The land is 43 3-4 miles from Long Island City. There are no buildings upon it that can be utilized by the city, but next year it is proposed to erect suitable structures, and begin the work of clearing the land and otherwise preparing it for cultivation.

There are under the care of the Commissioners of Charities and Correction more than 500 harmless lunatics, whose mental condition could be greatly improved by moderate outdoor employment. All the male lunatics will be turned into woodchoppers, ploughmen, and farm hands generally, and vegetables, hay, and other supplies for the inmates of the prisons and hospitals will be raised. The women can manage the dairy and the hennery, and butter, eggs and milk, fresh and sweet can be produced cheaper than they can be purchased in the city from contractors.

—**POISONOUS PICKLES.** A case has recently been reported of fatal poisoning by eating colored pickles. A little girl of eight years, ate about half a large pickle that had been purchased at a neighboring grocery. During the night she was attacked with dysentery and vomited freely. A physician was summoned who declared she had all the symptoms of copper poisoning. The remaining portion of the pickle was discovered to have been colored with sulphate of copper and of sufficient quantity to kill a man.

—**CONCERNING** Dr. I. J. M. Goss' New Practice of Medicine, which is advertised in the JOURNAL, Dr. A. L. Hobart, of Worcester, Mass., says: "I very highly prize your Practice. It will keep us out of the old ruts, and give us a new departure."

—**MELLIN'S FOOD** is a dry powder made from wheat and malted barley. By a careful, scientific process the indigestible portions of the grain are extracted, and the entire starch property is converted into dextrine and grape-sugar by the action of the malt diastase. Thus the greater part of the work of digestion is performed before the Food reaches the stomach.

—**WASHINGTON SCIENTISTS ASKED TO INVESTIGATE PHENOMENA OF MIND CURES.** A letter has been received here from a well known physician in Boston asking that a commission of five of the scientists of New York investigate the question of mind and faith cure in all its bearings and make a report on the same. This physician says that he thinks this will be the best way to settle a discussion which is now being extensively indulged in all through New England. It will be remembered that a commission of scientific men met at Prof. Bell's residence about a year ago and investigated the subject of electric girls, which has secured such a prominence by the performances of Miss Hurst, the Georgia wonder. They invited Miss Hurst to come before them and they had no difficulty in ascertaining that there was no electric phenomena involved and that the whole performance was the result of physical strength dexterously applied. As a result Miss Hurst and other electric girls found their occupation gone. This commission of scientists proved that any girl of ordinary physical strength could give the same performance that Miss Hurst did by practice of a couple of days. It is probable that the mind cure investigation will be made.

—**JOURNAL BUSINESS.** We wish to inform our readers that the JOURNAL is \$1.00 per year, and all who expect to get it regularly must remit the amount. Our advertisement on another page, in reference to premiums, should be read.

—THE season of the year is now upon us when the children begin to suffer from indigestion and *Cholera Infantum*. Light clothing and fresh air will do much toward allaying the irritable condition of the nervous system, regulated diet will help still more, while such aids to digestion as *Lactopeptine* may be resorted to for lessening the task imposed on stomach and bowels. By such gentle and natural means good digestion may be coaxed back—surely a better treatment than the routine of opiates and astringents.—*Louisville Medical News*.

—THE HYDRANGEA ARBORESCENS. The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the *Chicago Weekly Review*, two cases of rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Medical and Surgical Reporter, Philadelphia*.

—THE College of Physicians and Surgeons of Chicago, has long had the reputation of being the leading Medical College of the west. The faculty are composed of the most scholarly and experienced physicians in the country. Hence the opinion of one of these gentlemen concerning the value of any particular preparation, or the treatment of any particular disease, is considered of the highest possible value. In a recent communication from G. Frank Lydston, A. M., M. D., Lecturer on Genito Urinary and venereal diseases at the above college, he says: "I desire to state that I have used the Geddes Fluid Ext. of Hemlock in my private practice for a long time with great satisfaction. I deem this preparation one of the mildest and at the same time most efficient astringents. I find it very useful in catarrhal affections of a chronic character."

—A POST-MORTEM in the case of Miss Eliza Sage, found murdered in the woods near Allegan, Mich., shows *an ovarian tumor weighing twelve pounds*. It is supposed she thought herself pregnant and told her companion, who it is supposed killed her to escape exposure. There is absolutely no clew to the murderer. The deceased was an old resident and of unsound mind. There were evidences of a terrible struggle where the body was found.

—A CORRESPONDENT, says *Nature*, recently referred to the use of artificial teeth by the ancient Romans, as shown by a passage from Cicero, where one of the laws of the Twelve Tables is quoted. The law in question belongs to the Tenth Table (*de jure sacro*), which deals mainly with funerals, with the object of limiting the display and ceremonies attending them. Thus the body must not be burnt in more than three robes, or be attended to the grave by more than ten musicians; women must not tear their faces in time of mourning, nor must the bones be collected to make a new funeral with them, the bodies of slaves could not be embalmed, and the like. Section IX. of Table X., which is the one relating to teeth, reads as follows in Ortolan's text, ('*Historie de la Legislation Romaine*,' p. 121): "*Neve aurum addtto. Quoi auro dentes vincti escunt, ast im cum illo sepelire urevere se fraude esto*"—Add no gold; but if the teeth are bound with gold, then that gold may be buried or burnt with the corpse. The date of the Twelve Tables is put about 450 B. C., and it is thought possible by some writers that some of the provisions relating to funerals were taken from the laws of Solon. It would, therefore, appear that dentistry was known and practised to some extent in the earliest period of their history by the Romans—to an extent, at any rate, that they used gold for binding the teeth. How the artificial teeth were made, or whether they had artificial teeth at all, is not apparent. In the case of the Etruscan skull mentioned recently in *Nature*, the teeth are made from the teeth of animals.

—CHEERFUL EMPLOYMENT FOR LUNATICS.—In Sicily and other portions of Europe various occupations are furnished lunatics, with a gratifying result. We believe in one or two instances such psychological treatment obtains in the United States. This same plan is about to be followed in the environs of New York.

—FOR nearly three years Mr. George Allen, a well known druggist of Woodbury, Conn., has been troubled with what appeared to be a tumor over the right eye. Some months ago it was a source of annoyance, especially in the tear duct, and he consulted a physician, who advised him to have it removed. A day or two ago he came to this city and a skillful oculist applied cocaine, and with a lance tried by cutting to remove the cyst entire, as is necessary in such operations. The oculist was surprised to find only a partially developed sac, which it was impossible to remove. Inside the sac was found an eyestone, which Mr. Allen had placed in his eye on retiring to bed just ten years ago, and which had mysteriously disappeared.

EASTERN MEDICAL JOURNAL

— OF —

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VOL. IV.

WORCESTER, MASS., SEPTEMBER 1, 1885.

No. 10.

Indigestion.*

BY I. J. M. GOSS, A. M., M. D.

There are diseases directly and indirectly caused by imperfect concoction of the food. Many cases of chronic gastritis, gastric ulceration, gastric cancer and gastric dilation which are connected with, or caused by, bad digestion, all of which embitter our life. Functional disturbances may exist long before they develop ultimate pathological changes in the stomach, which changes limit the functional activity of the organ. And we must not conclude the great act of indigestion is performed by the stomach alone, but remember that the abdomen has also a share of this functional action to perform. The stomach digests albuminoids in an acid medium. If indigestion consisted merely in a deficiency of gastric fluid, then the routine treatment of giving the gastric juice of the omnivorous animals would be the successful treatment. Primary indigestion may be due to imperfect disintegration, or defective solvent power of the juices of the stomach. Then the food taken may be indigestible in itself.

Imperfect mastication is one prime source of imperfect digestion. Imperfect cooking of food is a great source of indigestion. Then the bad practice of eating hurriedly contributes largely to this afflicting disease. The habit of the *French people* of eating very slowly, not only allows the full saturation of the food with

* Excerpt from Author's New Practice.

saliva, so as to act upon the starchy elements of the food, but also allows time for thorough mastication, etc.

Catarrh of the stomach may not only lessen the secretion of gastric fluid, but also cause excess of mucous, which will prevent the solvent action of what gastric fluid is secreted, hence, the digestion in such cases is very greatly impaired. The muscular movements of the stomach may be so feeble, that the food is not sufficiently thrown about, as to expose it constantly to the action of the gastric juice, so as to promote healthy digestion. If the disintegrating power of the stomach is greatly impaired, then one of the main remedies is a change of diet, that is, the adoption of a simple fluid diet, as soups, or a milk diet, with some bread.

The imperfect movement of the stomach is best met by a few drops of nux-vomica before meals. Imperfect solvent action in the stomach may arise from impairment of the saliva, the gastric juice, or pancreatic fluid. If it is from impairment of the saliva, then there will be a difficulty of digesting amyloid materials; but if it be a deficiency of gastric fluid, or impairment of its chemical qualities, then the albumoids will be imperfectly digested; but if it be a deficiency of pancreatic fluid, then there will be difficulty in the digestion of the fatty or oily elements of food. And it is essentially necessary that we properly understand the nature of the difficulty to be met, or our prescriptions are but blind guessings, doomed to sad disappointment to both physician and patient. If amylaceous articles only disagree with the patient, then such remedies as increase salivary secretion should be used, and malt with diastase with the food, which will aid in digestion in this condition. But pepsin alone can meet cases that depend upon a deficiency of this element in the stomach, which will be indicated by the albuminoids disagreeing with the patient. This precision in diagnosis in cases of anatomical changes, as well as regards physiological functions, must be attained before success in the treatment of gastric diseases can be attained. In cases of deficiency of salivary secretion *jaborandi*, *pellitory* and *xanthoxylum frax.* will aid, but the use of vegetable diastase will best substitute the deficiency of the saliva.

To stimulate the gastric glands, such remedies as arsenic tincture in small doses, say one to two gtt. before meals, well diluted. Hydrochloric acid also aids the secretion of these glands. Some of the bitter tonics also have the power to increase gastric secretions, such as *hydrastis canadensis*, *gentian*, *columba*, *chelone glabra*, *coptis* and some others of this class. *Ipecacuanha* also excites the mucous membrane, if given in very

small doses, say one to two gtts. of the saturated or normal tincture of the fresh crushed root, not the old dried powder. Sometimes where there is great acidity of the stomach, soda or lithia will decrease this secretion.

It was late in the nineteenth century before any real advancement was made in regard to the physiology of the liver and pancreas, such knowledge would aid us in correcting the disturbed assimilation resulting from such abnormal action of these organs. For the direct stimulation of the pancreas we possess but few remedies. Sulphuric ether has that power, and I think that euonymus and euonymin possess that power. Sometimes it becomes proper to give the liquor pancreaticus until we can remove any organic obstruction to the pancreas; giving it pure.

For stimulation of the liver we can use quite a number of agents, some more and some less active, whose medical properties have been proven by the experiments of Prof. Rutherford, of Edenburg. Ipicacuanha, iridin and euonymin were proven by him to have direct stimulating power over the liver. And of the mineral preparations, the sulphate of soda, as a saline laxative, sensibly stimulates the liver. The sulphate of manganese stimulates the glands of the bowels, and slightly stimulates the liver. Podophyllin also stimulates the liver, and is indicated in cases where the blood is surcharged with nitrogenized waste, either in the form of bile, acids or the solids of the urine. In many cases of indigestion, gastric catarrh is found to be one of the prime factors in its production. Here a milk diet is necessary, and means should be directed to the catarrhal condition. Here arsenic, in small doses, say two to five gtts. of the saturated tincture, three times a day, has proven valuable with me. Then, again, I have found liquid bismuth a valuable remedy. But one of our best remedies is the fluid extract of *hydrastis canadensis*, made in glycerine and water, in doses of ten to twelve gtts., three times a day, which may be alternated with the arsenic or the bismuth.

In gastric ulcer, there is nothing better than the arsenic alternated with the fluid *hydrastis*. If there is pain, with the ulceration of the stomach, then the bismuth, in doses of three to six grs. every three hours, in half a glass of water, is very apt to give relief. If the *sarcina ventriculi* exist, then the sulphite of soda, alternated with tincture of *eucalyptus globulus*, will check this peculiar ferment. The above remedies will meet most cases of dyspepsia.

MARIETTA, GA.

[For Eastern Medical Journal.]

Some Cases in Practice.

EDITOR EASTERN MEDICAL JOURNAL:—I have not written for your Journal since February. During the winter I had a severe attack of pneumonia, and when I did get out my customers were only too glad to keep me worked up to my full capacity.

During the winter and spring we had some severe cases of measles and scarlet fever, but I managed to get along with them. In one family, after having measles in January, on the 10th of February scarlet fever set in in its most formidable character. Three patients, mother and two sons were down, and for three days the disease spent its fury upon the brain, causing constant watching and holding them in bed. My treatment was aconite, gtt. x. to 3-4 of a glass of water. Belladonna, xvii. gtts., M. twenty to a spoonful of cold water for the brain trouble, and for several hours one night we kept the head bathed with water as hot as could be borne, and gave the medicines every half hour, and to our great surprise and joy, the patient went to sleep and awoke perfectly sensible, and recovered with no trace of the disease left anywhere in the system. I have, for a number of years, after the first week, kept the bowels opened three or four times a day with syr. rhubarb—which prevents dropsy.

On the morning of May 9, 1885, at 4.30 A. M., I was called to see Mrs. C—, a woman sixty-eight years of age, who was afflicted with organic disease of the heart. Sometime during Thursday night she got out of bed and was found by her husband with the following symptoms: body cold, also her extremities, dark echymose spots on the face and hands showing great impairment of the circulation, pulse intermittent and hardly perceptible at radial artery, great difficulty in breathing, unable to lie down, had to sit in a chair attended by some one to prevent her from falling. After making an examination of her, I pronounced her in a dying condition; gave her minute doses of Tr. belladonna every half hour. Saw her again at 3 P. M. I found she had rallied some but could not lie down; dark spots the same, breathing very much oppressed. I told her son I thought this might be the prelude to death. She wanted laudanum, as she was an opium taker for more than thirty years. I said, give her all she wanted as she would not be with them long. Symptoms remained very nearly the same until 2 A. M., Tuesday, when the coldness gave way to warmth, dyspnoea to natural breathing, and she could lie down without having those severe suffocating spasms. During Monday she

refused to take any laudanum, and on Tuesday I began to hope there might be a future before her yet. As a laudanum taker, I said to her friends, she might better die than live; so one said, "Doctor, can't you give her something to break this opium habit?" and I sent her son to B. Keith & Co., N. Y. City, and obtained an 8 oz. vial of their concentrated tincture of Avena Sativa, and commenced giving her ten drop doses, in warm water, every two or three hours, and she continued to improve; but oh! how she pined for laudanum, or alcohol to bathe her limbs with, resorting to every device her imagination could conceive of. At the expiration of six weeks she said the appetite was gone and she craved it no more. And now her daughter said to me yesterday, "Doctor, why did you not do that for mother before, as you have been our doctor for nineteen years. I can sit down and talk to mother and take some comfort with her now." So much for perseverance, and that Avena of B. Keith & Co's.

On the morning of June 11, Mrs. S— gave birth to her third child; attended by a woman. Everything progressed finely until the morning of June 15th, when I found her with symptoms of puerperal fever, hemiplegia of right side, unable to protrude her tongue, and could not speak, unable to move right arm or limb, pulse frequent, considerable fever, and in a day or so she had four convulsions. I commenced my treatment by alternating veratrum viridi with small doses of Tr. belladonna, which controlled the fever and brought down the pulse.

For the convulsions I gave Keith's concentrated Tr. Avena, a teaspoonful to three-fourths of a glass of water every hour, which had the effect of curing the convulsions, and I kept her bowels open by small podophyllin pills. Her condition began to improve from the first visit, and now to-day, August 11, she can use her arm, and walk around the house, making an effort to talk, saying some words so distinctly as to be readily understood. I had her bathed with salt water from the ocean, which acted as a tonic, and I am in hopes she will eventually regain her speech and use of limbs. Another trophy for Avena Sativa. The case excited great interest among her neighbors, all expecting she would die.

In the August number of *Health and Home*, it says: "The cold water treatment of Cholera is not to be despised; its only apparent absurdity is its simplicity and easy administration. There is too much authority of the success of cold water in cholera. Give the patient all he craves, although he vomits it up as fast as swallowed, it is nature's cure and serves to wash out the stomach, and supply the blood with fluid; for some of the water

is most certainly absorbed and enters the blood. Soon the vomiting, purging and cramps cease, warmth to the surface returns, and healthy action is established. Do not be afraid of cold water in cholera."

July 28, 1885, I was taken with vomiting and purging, cramps in my legs and a general state of collapse with painless diarrhoea, rice water stools of a most fetid odor, great and intense thirst, complete prostration and loss of strength. In this condition I craved large draughts of cold water and kept constantly drinking every few minutes a large cup of cold water, and in less than five minutes large, copious watery stools would pour from my bowels, smelling horrid, fetid with corruption. After my bowels had moved off twenty times, I took a glass of blackberry wine, which controlled the vomiting and purging, and went to bed, had a good nights rest, and the next day saw my patients and rode more than ten miles in my buggy. My wife protested against my taking so much water, but I felt as if I must drink or die; and drink I did, and die I did not. My wife says I had all the symptoms of cholera, the same as her family had in 1849. I am aware that there is great objection to cold water in these cases, but I fully believe it was my salvation.

Query: was it cholera? and if so, I must give cold water great praise. Think, in two hours I drank about a gallon of cold water—result, a quick and complete cure. C. W. BATES, M. D.

HEMPSTEAD, L. I.

—SKELETONS UNEARTHED. While workmen were engaged, August 18, in digging a trench at Commercial Point, Dorchester, Mass., for the use of the Boston Gas Light Company, they threw up parts of at least twenty skeletons. They were covered with a thick layer of clam shells. Seventy years ago the spot was used by whalers as a fishing station, and after that by a chocolate manufactory and foundry. Those who have examined the skulls say it is very difficult to determine to what race they belonged, although they are inclined to think that their original possessors were North American Indians.

—ANOTHER meeting of the Committee on the International Congress is to be held at the Murray Hill Hotel in New York, September 3.

—N. SYPERT, M. D., of Laurel Hill, Penn., says: "I have been using Lactopeptine for two years in my practice, and so far it has proved successful in Cholera Infantum, Dysentery, and all diseases of the bowels."

EASTERN MEDICAL JOURNAL.

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109 E. 35th St., New York.

WORCESTER, MASS., SEPTEMBER 1, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

The International Medical Congress.

So many diverse sentiments and opinions seem to have been emanated as to the government of this congress, and fears having been expressed lest European representatives should not come into contact with our best men—we have, at last, come to think of the matter seriously; so that, perhaps, in a little while, we may pass beyond mere personal considerations, predictions and wished-for conjunctures, and aim to establish a national American representation, which shall attract and even challenge the attention of our European visitors. If this becomes the gradually forming sentiment, let us try to harmonize ourselves, combat and stifle ebullitions of temper and jealousies; rising superior to individual feelings, casting such aside as dross. It is thus only that we will regain and retain the consideration in which we are at present held in Europe.

If the above policy of moderation and scientific procedure be not outlined and followed, then let our specialists throw off the mask, and institute a congress of their own, with a few names of prominent surgeons to give an appearance of public spirit and generosity. If the country does not care for this, the specialists will at least have what they are aiming at, and nobody will be hurt. If Europeans wish to see our specialists only, and have no desire to become acquainted with our rank and file, our loss will not be irreparable, and will be equivalent to their gain. Our country contains space enough for all kinds of conventions; and the different species of practitioners who appear at such, foremost in which categories, is that class who never fail to appear at all and every State Convention, like the members of a travelling circus. Men from outside states should have no place or position in a State Convention, the meeting

of which is to foster good feeling and medical advancement in that one state. Our city specialists are sufficiently advertised, without turning a National Convention into a screaming farce.

Extracts from other Papers.

With the desire of making each number of this JOURNAL an almost complete mirror of medical matters, and of medical events that have happened during the fortnight, we naturally select many of such from the columns of the daily papers. Instead of printing the name of the newspaper at the end of each item, we will here state that most of the items have been selected from the *N. Y. Herald*. This is done, to save trouble, and with no idea of plagiarism. When the items are copied literally from a newspaper, we often enclose the name of the paper within inverted commas.

Cholera Statistics.

The following columns have been compiled from the *N. Y. Herald*. Sometimes more deaths appear than fresh cases; this simply means death among the old cases as well as the new.

Spain, from August 9 to August 21.			Marseilles, from August 10 to August 20.			Toulon, from August 9 to August 20.		
	NEW CASES.	DEATHS.		NEW CASES.	DEATHS.		NEW CASES.	DEATHS.
Aug. 9.....	4171	1511	Aug. 10.....	15	49	Aug. 9.....	—	2
" 10.....	3510	1343*	" 11.....	No returns.		" 10.....	No reports.	
" 11.....	4567	1629	" 12.....	*	50†	" 11.....		
" 12.....	No returns.		" 13.....	45	42	" 12.....		
" 13.....	3935	1389	" 14.....	70†	8	" 13.....		
" 14.....	Ret. not comp'te		" 15.....	80	35	" 14.....		
" 15.....	No returns.		" 16.....	22	12	" 15.....	—	
" 16.....	4696	1556	" 17.....	28	5	" 16.....		
" 17.....	4830	1718	" 19.....	45	23	" 17.....	—	1
" 18.....	4271	1338	" 20.....	—	76	" 19.....	—	6
" 19.....	4109	1541				" 20.....	—	8
" 20.....	No returns.		* Gross deceptions. † About. ‡ Questionable.					
" 21.....	4483	1441*						
* Incomplete.								

For various reasons these figures are incomplete, and far below the truth.

The Present Status of Dr. Ferran's Inoculations.

The overwhelming argument seemingly in favor of these inoculations has been that the few inoculated persons who took cholera, while those who did, as a rule suffered a mild course.

Some time since it was stated in this JOURNAL that a large number of the population of a town would likely escape; thereby enabling the inoculator to obtain a great deal of credit, besides fees.

In the *N. Y. Record*, of Aug. 8, it is stated that Dr. Van Eringen, of Brussels, is displeased with the results of his inquiry. After relating many negative results, which should have been positive (which we have no room to reproduce here), he found "the bacilli rather scanty, and there were none of those forms of development that Ferran pretends to have discovered." Ferran showed him large corpuscles, supposed to be "foreign forms of the development-cycle"—and to have "originated directly from endogenous spores of the bacillus." These are now thought by others to be foreign impurities. Ferran's methods of cultivation and of bacterioscopy in general, are very imperfect. His sterilizations are very imperfect, and he refused to answer a series of questions.

Before the cholera invasion, Ferran was poor and unknown, and it is probable that his bacteriological studies have not been of a high order. He is, doubtless, keeping up a veil of mystery, before selling out.

And now comes (Daniel's *Texas Medical Journal*,) a funny story, around from Spain, via Chicago:—A man from that enterprising city, presented himself for inoculation; after puncture, "he took a little brownish unguental substance, and inserted it under the integument, covering the wound with court plaster." He gave the applicant also three pills. The applicant hurried home, "gouged out the stuff, brought it under a microscope, submitting it also to chemical analysis." It was found to be croton oil and elaterium in vaseline; the pills were composed also of the same ingredients. Our readers can make their own comments, and draw lines of inductive reasoning.

The "Eastern" Leading.

When we stated in last number that the JOURNAL would be found in the van, we had no idea of the actual position gained. Our cholera statistics in this number [especially compiled for us] and those previously given, surpass those of any other medical journal in the country.

In our obituary list two names are given simultaneously with the Aug. 15 number of *N. Y. Medical Record*, showing that up to a certain point, we are abreast of that famous periodical.

In our Medical Items department, the article on "Sanitary condition of the Panama Isthmus," is given word for word [showing that in both instances it was reproduced from the daily press] in the *N. Y. Medical Record* of Aug. 22, or a full week after it appeared in the Aug. 15 'Eastern.'

Particular pains will be bestowed on the Medical Items, giving a *larger* quantity of *news* than any other medical journal in the country, not even excluding the *N. Y. Record*.

Conventions of the *three* schools, (not of *one* only,) have been amply reported during the summer. In the coming fall and winter, full society reports will be regularly mailed, second to those of *no other paper*.

We are continually introducing little changes, in some of which we have *to go slow*, following the example of our President.

We have already matter sufficient for publishing a *weekly*; therefore that is only a matter of time.

When we settle down to work, in a short time, at thirty-eight strokes to the minute, we shall ask very little odds of the weeklies.

We are so crowded with original matter, that there is scarcely any chance to notice articles in other journals; however, as our readers would claim to know what is going on elsewhere, we will now add a department devoted to "selections," made in the succinctest manner possible, on account of space.

Five dollar yearly subscriptions are not asked for, but *one* dollar ditto.

The JOURNAL is, no doubt, destined to become a favorite, consequently advertisers would do well to secure space and favorable rates.

Obituary.

DR. WILLIAM B. GROVER, a prominent citizen of Newark, N. J., fell dead, Aug. 24, in Newark, on a horse car. He was born in Cadwell, Essex Co., in 1817. His grandfather, Stephen Grover, was immediate predecessor of President Cleveland's father. Dr. Grover was educated at Yale College and graduated in medicine in New York. He served on the staff of the Soldier's Hospital in Newark during the war, and was medical examiner of the Mutual Benefit Life Insurance Co., and at the time of his death was connected with the Manhattan Life Insurance Co. The deceased leaves a wife, two sons and two daughters.

DR. JOSEPH THOMPSON, a prominent citizen, and one of the first settlers of Atlanta, Ga., died Aug. 24, aged eighty-eight.

DR. WILLIAM J. MACKEY, a well known physician, dropped dead at his home in Baldwin avenue, Jersey City, Aug. 26.

Notices, Reviews.

BOOKS AND PAMPHLETS RECEIVED.

SECOND REPORT OF THE STATE BOARD OF HEALTH OF TENNESSEE. Oct. 1880—Dec. 1884. J. Berrin Lindsey, M. D., Secretary, Nashville, Tenn.

VOICE IN SINGERS. Read before the Ohio State Medical Society, June 4, 1885, by Carl H. Von Klein, A. M., M. D., Dayton, Ohio. Price 25 cents.

OPEN LETTER from Dr. Edward W. Jenks, to Dr. N. S. Davis, Editor of the Journal of the American Medical Association.

REPORT OF THE QUARTERLY MEETING OF THE TENNESSEE STATE BOARD OF HEALTH, Nashville, July 7th, 1885.

SHARON, Massachusetts, The Healthiest Town in New England. By W. B. Wicks. Price 6 cents.

SEVENTH ANNUAL ANNOUNCEMENT of the Fort Wayne College of Medicine, Session 1885-86.

ANNOUNCEMENT OF THE FOURTH YEAR OF THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL, No. 226 East 20th street, New York City, 1885-86.

SIXTY-FIRST ANNUAL ANNOUNCEMENT OF THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA, 1885-86.

ECLECTIC MEDICAL COLLEGE OF NEW YORK. Twenty-fifth Announcement, Session 1885-86.

TRANSACTIONS OF THE EIGHTH ANNUAL CONVENTION OF THE WISCONSIN STATE ECLECTIC MEDICAL SOCIETY, held in Kilbourn City, May 27 and 28, 1885. Y. S. Troyer, M. D., Secretary.

Medical Items.

—AMERICAN ILLUSTRATED LECTURES. We are in receipt of a very handsome pamphlet giving an outline of the various lectures of this course, by our old friend Dr. C. D. Hendrickson. The lectures are entitled "Wonderland of the World," "The Golden Northwest," Prehistoric Ruins and Pueblos of the Southwest, and "Heroes and Historic Places of the American Revolution."

We had the pleasure of listening to the first of the series last winter, in Mechanics Hall, this city, and were delighted with it. The illustrated views were simply superb, and excelled anything

of the kind ever exhibited in our city. The lecture was a charming description of the beauties and wonders of the famous Yellowstone National Park, presenting much scientific information in a pleasing and interesting manner. The large audience was instructed, entertained and delighted.

We are assured the other lectures are of equal merit, indeed they could not be otherwise, for the Doctor always turns out first-class work.

Dr. Hendrickson was a successful practitioner of medicine for nearly a score of years, but his health failing under the physical and mental strain incident thereto, he yielded to his literary tastes and took to the platform, where, we are confident, still greater success awaits him. We would say to our readers, if the opportunity presents to hear these lectures, do so, and you will then thank us for calling your attention to them.

—DANGER OF CONTAGION. Cholera morbus is very prevalent in New Haven, and there are many timid persons who believe the cholera will pay them a visit before 1886. Many health conditions are there daily violated. Away from the central portion of the city are many streets that have no sewer connection, making necessary the use of cesspools or of night carts, which pass through the city between midnight and five A. M. Under the circumstances it is astonishing that there is not a pestilence. The city is badly in debt, owing about \$800,000, and, of course, taxpayers hate to pay up sewer assessments and kindred claims; but should contagion or epidemic come, it will be seriously aggravated by the existing condition of things. Of the fifty-four deaths reported during the past week, eighteen were from diarrhœa and seven from measles.

—E. P. ADAMS, M. D., of Abington, in a recent letter says: "I have recently used Geddes' Extract of Hemlock (*Abies Canadensis*,) with good success in vaginal and uterine leucorrhœa. Also in one very obstinate case of hemorrhoids. I find it so useful that I have instructed my druggist to keep it in stock.

—THE NEW SIBLEY COLLEGE. The executive committee and trustees of the university, at their last meeting, made a large appropriation for the equipment of the new Sibley College buildings, including a chemical laboratory. The newly appointed director, Professor Thurston, explained the proposed course in mechanical engineering. Arrangements were also made for the erection and equipment of a *veterinary college* in connection with the Agricultural Department.

—DR. JOHN TANNER, of London, says: "I am fully con-

vinced that there is no other preparation that contains such nutritive properties for the rapid production of healthy structure in the child as Mellin's Food: I therefore always recommend it in preference to any other kind of diet."

Mellin's Food has been so long in our midst, and its sterling worth is so thoroughly known, that little remains to be said; it has established an enviable reputation, second to none in preparations of its kind.

—YONKERS, N. Y., NUISANCE. The people of Yonkers are much alarmed over the pestilent condition of the Nepperham River, a small stream which flows directly through the heart of the city. Owing to the want of a proper system of sewerage and the convenience of the river, nearly all the people who live beside it drain right into it, and the city authorities have turned many of their smaller sewers into it, thus really making a main sewer of it. On Main street the river is much lower than the streets, and many houses are built on spiles directly over the river, the owners living in a story below the street and having stores on a level with the sidewalk. The prevalence of diphtheria and kindred diseases among the people who live along the banks of the stream, called the attention of the authorities to the matter and the Board of Health of the city condemned the stream. The State Board of Health did the same and ordered that the city and people should stop sewerage into it. This order has not been complied with. Recently the Grand Jury indicted the stream as a nuisance. The authorities are now moving in the matter, and it is expected the evil will be remedied.

—SUING A WATER COMPANY. "Relatives of those who were victims of the typhoid fever epidemic at Plymouth, Pa., are making preparations to bring suits for damages against the Water Company of that place."

—CHOLERA IN GRANADA. "This city is in a desperate condition, worse than that of Naples last year!" There are no doctors, "and the dead bodies of the cholera victims lie unburied in the streets." The ignorant peasantry in Spain declare that doctors poison patients.

—FOR a digestive tonic, prophylactic against biliousness, and a remedy for the ready relief of constipation, dyspepsia, anorexia, and mal-assimilation, we unhesitatingly recommend Parke, Davis & Co's "Lime Juice and Pepsin." A complete descriptive circular and price list will be sent to any who will write for it, if the JOURNAL is mentioned.

—ODE TO A WOMAN'S SKULL. William Carlton, the actor

and author, committed suicide on the 18th of August. On a bureau in his room where his body was found, there was a woman's skull, from the top of which a piece of note paper was suspended, containing the following lines, probably written shortly before his death :

Within this gastly skull once lived and throbbed
 A human brain with human passions fraught;
 Here envy, doubt and scorn, and love and hate,
 Within this shrine there came the birth of thought,
 The hopes, the fears, the pangs we feel dwelt here.
 This was the house and that we call the soul,
 Frail house! Bereft of all thy garniture,
 E'en now an idiot can thy fate control.
 These empty sockets once held orbs that shamed
 The diamond lustre of the peerless stars.
 The music of the tongue that wagged within this skull
 Held years in bondage by its magic spell,
 And left a thousand hearts with twice a thousand scars.
 And where is now the glory of that beauteous head,
 When tresses waved the wind to kiss their sheen?
 Alas! its loveliness is destroyed and dead,
 But this remains to tell us what has been.—*William Carlton.*

—THE average duration of life in cancer of the tongue is, without operation, ten and a half months; with operation, sixteen months. In some cases, after operation, the patients have lived from two to five years, or even ten years.—*New York Medical Record.*

—DR. GEO. B. FOWLER, of New York City, says: "I have examined Oleo-chyle under a microscope of 1000 diameters, and find it a most permanent preparation of very minute divisions, and as that division is effected by digestive agents alone, it must prove a very valuable preparation." Sample bottle of Oleo-chyle will be sent to any physician who will pay carriage, and mention the JOURNAL.

—INVESTIGATION OF AN INSANE ASYLUM. It has been reported at the Interior Department for some days that another investigation would soon be ordered into the affairs and management of the Government Insane Asylum. Some years ago an investigation was made into the management of this institution, then in charge of Dr. Nichols, who is now in charge of the Bloomingdale Asylum, and a terrible condition of things was revealed. Dr. Nichols resigned, and Dr. Godding was appointed in his place. It is now understood that the charges made against the institution are not as serious as those made against Dr. Nichols.

The great difficulty in these government hospitals is that they are not properly supervised. The boards of directors, who are supposed to perform their duty, seldom do so. The result

is that affairs are neglected. In the past ten years the management of every one of the hospitals supported by appropriations from Congress in this District, with the single exception of the Children's Hospital, has been investigated and in every case the investigation has been found to be sadly needed. A physician said that he knew of one institution here which carried the names of fifty patients on its rolls, although it had but thirty. This not only reduces the death rate of the hospital, but also allows the sum that is charged for the board of the other twenty patients to be divided among those who run the hospital.

—THE Pharo Hospital has been re-opened in Marseilles, for the reception of cholera patients. Stringent quarantine is enforced in Egypt against vessels from Marseilles.

—MANY of our most important remedies are rendered useless in their preparation. It is an undoubted fact that a large number of medicinal plants lose their virtue in drying, and in order to secure the full medicinal properties they must be prepared *fresh*. The well known house of The Wm. S. Merrill Chemical Co., Cincinnati, Ohio, recognizing this fact, are making "*Green Fluid Extracts*" of their drugs, and are meeting with great success. We advise those who are unaquainted with the preparations of this firm to write for catalogue and price list.

—GIBRALTA. A case of cholera has appeared here. A land cordon was instituted here, much to the annoyance of the inhabitants.

—DEATH IN THE RUSSIAN ARMY. "Since the conquest of the Akhaltekke territory, four thousand men have died from the effects of the climate." It is very hot in Central Asia. A despatch from Teheran, Aug. 18, states that "*cholera* and *dysentery* are causing great mortality among the Russians on the Afghan frontier."

—CREMATORIES are forming in various places, and are well patronized: one is building near New York. Not quite so pleasant as attending the opera, perhaps. Every one to their taste.

—DR. TRILESKE has employed cocaine locally in vomiting and for the pains of labor. The effect in both cases was satisfactory. No effect was produced on the course of the labor.

—CALIGRAPHY OF DOCTORS. Considering the shocking handwriting doctors usually indulge in, it is marvellous that almost every patient is not murdered. We pity the druggists' clerks, and printers trying to decipher manuscript. Get your child to set you a copy.

——DAMIANA AND THE MORMON ELDERS. A Utah doctor writes to a western paper that the Saints can procreate perfectly well without damiana. Instead of damiana, we should prescribe domestic hemp, in a state of suspension.—*N. Y. Med. Record*.

——WORMS IN THE FRONTAL TISSUES. "From sixty to seventy worms were passed from the nose; they were half an inch in length. The patient would not consent to trephining. He has since passed more than 150; there is a constant purulent discharge."—*N. Y. Medical Record*.

——PASSAGE OF BACTERIA FROM MOTHER TO FŒTUS. Inoculating a pregnant animal with charbon, caused the presence of charbon bacilli in the foetus.—*N. Y. Medical Record*.

——NASAL POLYPI AND EPILEPSY. "No cause of epilepsy could be assigned, but on removal of a grape-like mass of the polypi from the right nasal fossa, the epileptic attacks ceased." This is very important, and we should always carefully examine the nose in these cases.—*N. Y. Medical Record*.

——DANIEL'S *Texas Journal* starts off with two good and rattling numbers, July and August.

Pacific Medical and Surgical Journal, (official organ of the California State Society,) is beautifully gotten up (August number); its articles are of the highest order.

New England Medical Monthly, (Dr. Wile), August number, contains some well-written articles and editorials.

——PHLEGMON AFTER FERRAN'S INOCULATIONS. Numerous instances of this have occurred.—*N. Y. Medical Record*.

——YELLOW FEVER INOCULATIONS. Domingo Freyre, in Brazil, and Carmona y Valle, in Mexico, have claimed to find specific fungi; others suppose these appearances are quite foreign to the question. Persons claim that Carmona's fungus is seen in normal urine, if it has stood, or in imperfectly cleaned vessels. Ferran, Freyre and Carmona all live where epidemics rage; they should associate with themselves experienced microscopists.—*N. Y. Medical Record*.

——MONTREAL'S DEADLY SCOURGE. The smallpox epidemic continues to rage with a rapid, forward movement. There were thirty-two new cases reported Aug. 20, fifteen of them located. The civic hospital was so full that one case was refused, and excursions to the city are being cancelled. People are flocking to Portland, Me., to escape the epidemic, and Mayor Deering has called a meeting of the Board of Health to take measures to prevent possible infection from Montreal.

☞ READ the advertisement on first page of cover.

EASTERN MEDICAL JOURNAL

— OF —

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VOL. IV.

WORCESTER, MASS., SEPTEMBER 15, 1885.

No. 11.

[For Eastern Medical Journal.]

Cholera.*

BY J. S. ANDREWS, M. D.

A recent communication from Prof. Mezzeroft, who has been familiar with cholera epidemics, advances the novel hypothesis that this scourge is caused by a poisonous gas which emanates from the earth previous to, or immediately after earthquakes and volcanic eruptions, and he fortifies his theory by historic coincidences extending over three thousand years. Among other illustrations he quotes the earthquake of 480, which nearly destroyed the city of Constantinople, and before it ceased the cholera broke out and finished the work begun by the earthquake. The same epidemic reached England and Scotland, and nearly depopulated extensive regions in Africa. The recent shocks in the vicinity of Spain, so quickly followed by cholera, seem to confirm his theory; if this is verified by further investigations, it disposes of the germ and spore theories. But so far all the causes assigned for the cure of cholera have failed to satisfy scientific men either as to its cause or its cure. A writer in the *Boston Advertiser*, says: "whether propagated by animal, or vegetable spores, or neither; whether it is contagious, or infectious, or neither; whether it travels in air, or water, or neither; whether it is a malarious exhalation, or a noxious germ, or neither; the accumulated wisdom and experience of the doc-

* Extract from a paper read at the Annual Meeting of the Massachusetts Eclectic Medical Society.

tors for nineteen centuries has failed to describe the cause or prevention of this terrible visitation." A French physician, Dr. Ferran, startled the medical world by affirming that he had discovered a preventative which would render this foe of human life as harmless as other diseases; and would confer a great boon on mankind. Then the introduction of vaccination, by Ferran; his antidote consisted in inoculating a healthy person with the cultivated cholera microbe or comma bacillis—and thus procure for them an immunity from the disease, or at least only a light and modified form of it. A well-known Boston physician has recently visited Spain, and reports his impressions of Dr. Ferran's experiments. He says: "I am convinced that it is an absolute failure, though for the most part harmless, yet in several instances the patients have died from blood poisoning; but it does not give any immunity from the cholera, and the only thing that can be said in favor of it is, that the subjects *think* they possess a sure protection, which confidence is as good a prophylactic no doubt as can be found. When we read in Saturday's bulletin that the number of new cases for that day were 4382, and the deaths 1634, and that the total mortality has been 71,000, while some 70,000 have fled from the destroyer, we do not wonder that the people have lost confidence in doctors and sanitary measures, and resort to watch-charm saints and inoculation."

But the general acceptance by boards of health, sanitary committees, and writers upon the cholera, of the theory of Dr. Koch, that the cause of this disease is a specific germ introduced into the system from without, prompts me to inquire whether we are not putting an effect in place of a cause. Dr. Koch declares that the lesions peculiar to cholera are modifications of the small intestine, just above the illeo cœcal valve, which examined with a microscope, is found the baccillus which causes the disease. Dr. Scultz examined microscopically this portion of the intestine and found no bacilli, though the case was clearly one of Asiatic cholera; but the villi had apparently sloughed off, as the result of excessive action. Another eminent microscopist declares that the so-called microbes are identical with the fat globules, and not germ at all.

It is a fact well known to physicians, that vitiated bile acts on the delicate epithelium as an acid caustic, causing by its irritation the excessive discharge of the serum, of the blood from which disorganized patches of the intestine come those coliquitive discharges so characteristic of cholera, and these portions of the intestinal canal have their tissues broken down by the inflammation, and losing their vitality, become the food and

breeding places of the countless microscopic germs or organisms that are continually floating in the air we breathe, and food we eat, and water we drink; for we are told that pure crystal water may contain cholera germs sufficient to cause a fearful epidemic.

When we reflect that a single drop of water furnishes a sea, in which a "hundred million" living creatures can swim and play without crowding; and a ray of light in a darkened room discloses countless millions, so minute that they can enter the pores of the skin, or enter the hairs as easily as a fly would a water pipe, we are not left in doubt where they come from; but their presence does not cause disease. Surgeon F. R. Lewis, who has given years to the patient study in India, now at Marseilles, to this subject, says regarding the subject of microscopic organisms found in cholera degesta, that one species sometimes predominates and sometimes another. The so-called comma bacillus of cholera in form, size and reaction, are found in the mouths of healthy persons. Dr. Cunningham detailed to make special researches for the discovery of a specific organism as a cause of cholera, declares as the result of his investigation, he found no evidence of the existence of a specific poison or germ peculiar to this disease; but that parasitic organisms are common in excrementitious matter; and though certain forms may be associated with particular diseases, they do not hold any casual relation to them. Dr. Strauss says the microbe of Koch is found in dysenteric patients, in certain mucous secretions of healthy persons, and in London water.

An eminent surgeon says, while admitting Dr. Koch's researches in microscopy, he will fearlessly eat all the bacillus that the Doctor will cultivate.

The assumption that cholera is consequent and specific poison, requiring a certain period for incubation, and that it spreads to the well, by an emanation from the sick, is stoutly denied by physicians residing in countries where this disease is endemic and epidemic. Dr. Goodeve, of the Calcutta Hospital, denies its contagiousness. Dr. Jos. Frazier had seen the hardest cases but nothing to lead to the supposition that there was any contagion. Dr. Lewis had carefully studied the subject fourteen years, and treated cases of cholera in the same wards with other patients, but never saw anything to indicate its contagiousness. Dr. J. M. Cunningham, Sanitary Commissioner of the Indian Government, states from the record of 8000 attendants that they suffered no more than those not exposed, and there is no more danger in attending these cases than in other diseases. Dr. Allison says, during the prevalence of the epidemic in 48-49, the dissecting rooms were furnished almost exclusively with

cholera subjects, and not a case occurred among the numerous students.

I have adduced this testimony from sources entitled to respect, because I believe a wrong theory leads to a wrong practice. In an address before the New Jersey Medical Society, Dr. Stephenson says, a majority of physicians believe that the cause of cholera is a specific poison, or a vital organism, which taken into the stomach and bowels produces the vomiting, purging and cramps, characteristic of this malady.

If our treatment is therefore directed to the destruction of these microbes it must differ materially from what it would be if these things are the consequent and not the cause.

In fact Koch admitted that in a post mortem examination of several cases of Asiatic cholera he found no bacilli, and also that he fed mice, dogs, poultry and monkeys with the degesta of cholera patients, who had died of this disease, and they remained healthy, though all these animals were subjects of this disease.

I have recently read an article in the *Westminster Review*, by John Chapman, M. D., of London, which presents the cure of cholera in an entirely new light, and its cure on wholly different grounds. His theory of the ethology and pathology of cholera is based on a long and close observation of the subject; and his conclusion is that the disease is purely one of the nervous system, involving both the cerebro spinal and the sympathetic; alluding to anatomical parts that the sympathetic distributes its forces to the heart and arteries and their remotest twigs, and to the experiments by which the muscular rings which surround the arteries can be so contracted by galvanism as to suspend the circulation of the blood, so as to leave the parts cold and corpse-like, and also to avert the chemical changes associated with nutrition and by which heat is evolved, and thus inducing the state of collapse. The spinal cord regulates the functions of the secreting organs, renal hepatic pancreatic nerves and mucous glands, and in the early stages of cholera all these organs are preternaturally active, owing to the excessive activity of the spinal cord, the effect demonstrated in the enormous quantity of flocculent matter called rice water discharges drawn from the serum and mucous deposits from the blood. Dr. George Johnson says there floccular are almost wholly organized epithelial cells, which cannot be explained as the effect of local irritation or bacteria, but this abundant cell formation can only result from an intense vital effort; and this action of the glandular surface can be traced to the hypereamia of the spinal cord. In fact all the peculiar cholera symptoms

such as abdominal griping, excessive contractions, expulsive activity of the stomach and bowels, contraction of the bladder, muscular twitching, hardness of the voluntary muscles, stony expression of the face, contraction of the chest, cramp and convulsions, are due to abnormal activity of the spinal cord discharging its tumultuous excess of nerve force through the motor nerves. On the other hand, there are symptoms exclusively due to the sympathetic, producing contractions of the blood vessels, resulting in cerebral anemia, shrinking of the pulmonary arteries, contraction of the lungs themselves, dyspnoea, arrest of the chemical changes in them, cold breath and devoid of carbonic acid, contraction of the dermoid arteries, giving rise to the algide and cyanotic appearance, and lastly depriving the voluntary and involuntary muscles of a supply of blood, and collapse and death followed as a natural consequence. Post mortem examination showed the spinal cord congested and the sympathetic ganglia disorganized, another proof of destructive inflammation and evidence of the truth of this hypothesis, and this condition of the blood disproves the usually accepted argument that the morbid processes in this disease are owing to an organic poison. For the blood, on being exposed to the action of oxygen, loses its dark appearance and becomes vividly red, proving that the changes are merely the relative amount of its constituents and are purely dynamic agencies.

This hypothesis does not exclude the presence of the germ developed by the disease, but as Sir Andrew Clark affirms, "to recognize blood poison or a microbe as the immediate cause of cholera is not only needless, but contrary to the dictates of a sound scientific method, for the prescription of germicides to destroy bacillus must differ materially from that directed to reach the great nerve centre and to reduce the spinal hyperæmia, and relieve the constricted arteries. It is well known that diarrhoea is the initial stage of cholera, and also that this may be arrested by prompt measures at this incipient stage, but would this be possible if the disease is caused by a microbe?"

It is easy to understand how the dynamic influence of high temperature should produce instability of the circulation and preternatural excitability of the nerve centres; but it is not so apparent how it favors the theory of microbes or blood poison.

So attacks of cholera often followed severe thunder storms, and a legitimate inference is that there is a casual relation between these disturbances of the electrical state of the atmosphere which precedes unnatural condition of the nervous system and the exacerbation of this epidemic; but it does not suggest the generation of bacillus.

In England, in 1855, in the districts visited by the cholera, not a trace of ozone was discovered in the air by the test papers. This deficiency would account for the hyperæmia of the nerve centers, but adds no strength to the theory of a specific poison or living organism. The soldiers in India lost three times as many by cholera when on the march, as when in quarters, though these were far from sanitary, and the pilgrims from Bengal and Orissa strewed the way with their bones; traveling with their backs exposed to the intense solar heat induced hyperæmia in the spinal chord which extended to the collateral ganglia of the sympathetic, and established a condition of the nerve conducive to cholera, confirming Dr. Chapman's theory. In Naples, it was observed that a large influx of patients entered the cholera hospital after the great fete days, when intemperate drinking was indulged in; but theories of blood poison, micrococci and zymotic influences afford no explanation why a day's excess should induce cholera.

It is, no doubt, true that during a cholera epidemic, many die from fear. The pathology of such disturbance may be plainly defined by the above theory. The terrifying impressions are conveyed to the sensory glands, and thence distributed to the cerebral convolutions, and sent along the motor tracts, down the spinal axis, then laterally to the ganglion of the sympathetic, which surcharged with blood acts with intense energy in all directions, as the source is cerebral in which the vasomotor impulses are reflected towards the brain; thence with lightning swiftness the cerebral arteries are contracted with preternatural energy, leaving the brain comparatively bloodless, and the patient has the sensation of being stunned by a blow. The temperature of the surface is lowered, the stomach and bowels are over stimulated, peristaltic action becomes excessive, and thus active diarrhœa originates in mere mental emotion.

And this explains how mental emotion can exert so powerful an influence on one exposed to the cholera, or suffering from it, as to rapidly hasten death, or recovery. But can fear develop bacilli, or hope paralyze these invaders of the alimentary canal? The nervous system of the insane is conducive to this disease, and the proportion of deaths in lunatic hospitals is much larger than of those outside, which accords with the theory under consideration, and if these reasons are conclusive as to the rationale of this disease, then there is no reason to presume on the existence of a cholera poison, or germ, or spore, or microbe.

TAUNTON, MASS.

[For Eastern Medical Journal.]

Neutralizing Cordial.

BY JACOB VANVALKENBURG, M. D.

This is an article of medicine well known to the eclectic school of physicians. Those residing remotely from drug stores are frequently necessitated to act the part of a pharmacist with compounds requiring ordinary skill. To know how to prepare a much used medicine well and quickly saves money and time. I use in my practice in the course of a year, several gallons of neutralizing cordial, and have resorted to many ways to make it. I use the following with satisfaction:

℞ Rhei Extracti Fluidi.
 Potassii Bicarb., vel Sodii Bicarb.
 Spiritus Menthæ Pip. - - - aa - - - ʒij.
 Alcoholis, - - - - - ʒiv.
 Syrupi Simplicis, - - - - - O ij.
 Infusi Menthæ Viridis q. s. ad - - - - Oiv.

Directions.—Add the rhubarb, the peppermint essence in alcohol; then dissolve the potash or soda in some of the warm mint tea, add and shake up; then add the simple syrup, and lastly add spearmint tea sufficient to make half a gallon of the syrup.

Dose for an adult, tablespoonful; for children, in proportion to age.

Its virtues in cholera infantum, cholera morbus, dysentery and diarrhœa are so well known to our physicians that I need not describe them. In atonic dyspepsia I frequently combine it with the compound tincture of Gentian with good results. Combined with the fluid extract of Golden Seal and Tris-nitrate of Bismuth in chronic gastric catarrh, you have an excellent remedy. In certain forms of diarrhœa, mixed with the essence of cinnamon and the tincture of prickly ash berries, it rarely disappoints the practitioner. Recently in the treatment of constipation, I have added it to the fluid extract of Cascara Segrada, to conceal the taste and regulate the action of the latter, and use it instead of the "Cascara Cordial," and find it to be a happy combination.

In my visits I commonly use an extemporaneous prescription, changing proportions, or making additions, as the cases may require. The following are quickly made, and will serve as examples:

℞ Ext. Rhei. Fl.
 Sodii Bicarb.
 Spiritus Menthæ pip. - - - aa . . . - 3j.
 Aquæ Puræ q. s. ad - - - - - 3iv.

Mix. Dose, tablespoonful.

℞ Pulv. Rhei.
 Potossii Bicarb.
 Pulv. Menthæ Pip.
 Pulv. Cinnamonii - - - aa - - - - 3y.
 Sacchari Puri . - - - - - 5j.
 Aquæ Bullientis - - - - - 3viij.
 Ft. Infusum. - - - - - viij

Dose, a tablespoonful.

SHARON, Schoharie Co., N. Y.

—A STORY FROM MURCIA. The following curious story is taken from the Madrid *Correo*.—In Ulea, Murcia, there was attacked, upon the 11th of July, a man over middle age, the father of a family, and also his little boy, aged eleven. The father died, and a few days after, at six in the afternoon, the boy died also, and was carried immediately to the churchyard, at the time when the gravedigger was finishing his day's toil. He viewed the last arrival, and although the grave was almost filled up, he threw in the dead body and went away. Upon the next morning, as he opened the cemetery gate, the first thing he saw was that boy, almost naked, just as he was buried, amusing himself. "Hullo!" exclaimed the astonished gravedigger, "who took you out of that?" "Nobody," replied the boy, "I came out myself." "Good; come here, I wish to speak to you." The boy, believing that he was to be treated to another burial, began to run, and did not stop until he reached his mother's cottage, whom he frightened out of her wits, as she believed he had come from another world. "Where is your father?" was the first question put by the poor woman. "Oh, he stayed there; but give me something to eat, mother, for I am very hungry." The mother broke out into cries and lamentations, and the neighbors crowded in and tried to surround the child, who fled and endeavored to hide himself, believing firmly those attempts were premonitory of another funeral. In the end he was caught and put to bed, all the time protesting that his one malady was hunger. So they gave him his breakfast, and now he is the pride of the village as he runs about stoning dogs, which, it seems, was his favorite recreation before he was attacked by cholera." The final touch in this story is a striking instance of the truth of what the poet sang—"They change their sky, not their dispositions, who cross the seas."

EASTERN MEDICAL JOURNAL.

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WORCESTER, MASS., SEPTEMBER 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

The Hoboken Poisoning Case.

This prominent case is worthy of consideration by both the medical and lay publics. Similar mistakes have taken place before—the putting up of morphine instead of quinine—by druggists and by doctors, but this last case will arrest attention in consequence of the high standing of the parties.

At 10 o'clock at night two young ladies were given each what was supposed to be ten grains of quinine by their medical attendants. These powders had been obtained from the pharmacy of Am Ende in Hoboken. The celebrated druggist himself put them up. In four hours' time the ladies were attacked with cramps and vomiting. Several physicians were sent for, who surmised that these signs indicated an overdose of morphia. Antidotes were administered. After a certain time, when a serious condition of affairs seemed imminent, the celebrated druggist was sent for. He came, and being told the facts of the case, the mistake immediately dawned upon him. The chemist went home and took himself a similar powder. He afterwards took a quantity of atropia.

At seven o'clock next morning one of the ladies died. The other one at that time still lay in a very precarious condition.

After several hours the druggist was in an extremely serious condition, but subsequently seemed to be somewhat improved, doubtless due to the atropia, which is the antidote to morphia.

Atropia, in small doses, is sometimes given, with a view of neutralizing some of the effects of morphia.

REMARKS.—Doubtless, in the case of the lady who died, a certain amount of time was lost, before antidotes were administered. In the case of the druggist, a known amount of a known poison was taken, and a sufficient quantity of atropia was doubtless taken as an antidote. What the object of this action was, is not perfectly clear.

To the *public* the chief and vital question is how to prevent such disasters. We would respectfully suggest that in every drug store and country doctor's office a compartment should be reserved, and divided off fully from the rest of the store; that the shelves and partitions be painted black; that a black curtain cover it in; that the bottles have black labels, with white lettering; that poisons only be kept in this compartment; that a bottle when used be *immediately* replaced in the compartment; that the compounder of a prescription containing poisonous ingredients be not allowed to dispense the same, unless another clerk or boy be at the same time present, so as to answer trivial questions of persons who may drop in, and who would otherwise perplex the dispenser. After he has put up the prescription, let him look again at the prescription, look again at the bottle, to be sure everything is all right. Familiarity with danger induces carelessness.

Finally, when a consignment of drugs arrives from a wholesale house, let *two* clerks be detailed, to oversee each other, and see that the drugs be placed in their proper receptacles, or in other words, that the names on the labels correspond.

With these precautions, we opine accidents will be of very rare occurrence.

We should also suggest the advisability of not requiring clerks to serve too many hours at a stretch. Sleepy, overtaxed and exhausted clerks are not safe medicine-vade-mecums.

Ventilation of Churches.

Edifices devoted to public worship could easily be rendered the most comfortable places of resort of any, in winter and in summer. Instead of that we find that they are abominably cold in winter, and unbearably hot in summer. In winter, some of the money which is collected for the heathen, and which finds its way thither more or less, might very profitably be laid out at home, in providing the congregation with heat. In summer, with the exception of a few solitary panes, every window, from top to bottom, is hermetically sealed. These immense windows could flood the edifice with pure, fresh air. They should be constructed like the German windows, to turn on a central vertical rod, to be turned in any direction to meet the prevailing breeze; the same stained glass patterns could be used. If these suggestions could be adopted, and water-closets be added, many people would attend who now stay away.

Country Hotels.

Are any of your wealthy patients contemplating going to these roaring caravanseries for health? We should say, DON'T. Let us take the hotels first, and what is proper to do, afterwards. Let those who leave their handsome residences, provided with every comfort, to go to a hotel, leave all thoughts of SLEEP behind them; because they will not have a continuous night's rest till they return. In some hotels there is a noise *all night*; in some until three in the morning; in others, the more carefully conducted, the horrible succession of noises keeps up until twelve or one A. M. Then in the morning the racket begins again at five, giving a *four hours'* sleep! The rooms are wretched and dirty, the beds and pillows are frightful, the supply of washing water is extremely scanty. They provide you with three meals a day, where everybody eats three or four times as much as is beneficial. Per contra, if you are invited to rich friends who live in a handsome *private* house in the country, or who have a handsome villa, occupied during the season, accept, and you will find the sojourn has done you a vast deal of good. First of all, when the family retire for the night, that signifies *continuous sleep* from that moment till breakfast time—eight or ten hours, instead of *four*, as at a hotel. You have a large, well-ventilated room, without those horrid fan-lights, admitting the noise and draught; the room is handsomely furnished and *clean*. Thirdly, well-cooked meals await you, with a *sufficient* quantity of food, without gorging all manner of incongruities. Fourthly, the society you meet is so much positive gain, instead of so much loss, as at a hotel. If you do not visit at friends', hire a part of a farm house, and you will be far better off than at a so-called fashionable hotel.

Small-Pox in Montreal.

A number of cases of this exanthem have occurred in the above city, due to gross carelessness in sending a variolous patient to a general hospital. It has been supposed that opposition to variolous vaccination has increased the contagion; vaccination does not prevent the disease, but mitigates its severity. The reason of this popular opposition to vaccination is not clear; there has been much complaint, before this epidemic broke out, of the quality of vaccine matter furnished in Montreal, controversy on the subject appearing in the medical journals, popular ignorance, perhaps abetted by priestly interference, or conjoined with intense meanness, characteristic of

the Canadians, where a fee is concerned. Whatever it is, the law should be upheld, and no appeal made to priests or bishops, who are no more than other citizens. As regards dirt furthering the progress of this epidemic, it is very doubtful if dirt originates *any* disease, even the cholera; it is also doubtful if dirt intensifies any disease after once started, the sanitarians to the contrary. There is plenty of dirt, as well as ignorance, among the French Canadians. The priests some years ago (we do not know how it is now) forbade women to wash the genitals, alleging it was immoral, whereas, even without washing, the women in the working classes are notoriously unfaithful to the marriage vow. It was telegraphed the other day to the New York *Herald* that the Canadians were "proverbially clean." If so, they must have found means to be so without the use of water. If the French Canadians prefer severe small-pox to mitigated small-pox, they should be banished from the town and put under tents. Large attendance at funerals, with church parade, should be forbidden.

Cholera Statistics.

Since the last issue of the JOURNAL the number of cholera cases in Spain and France have considerably decreased, as the following columns will show:

Spain, from August 23 to September 6.			Marseilles, from August 27 to September 7.			Toulon, from August 31 to September 7.		
	NEW CASES.	DEATHS.		NEW CASES.	DEATHS.		NEW CASES.	DEATHS.
Aug. 23.....	5919	1950	Aug. 27.....	—	43	Aug. 31.....	—	9
" 24.....	4701	1433	" 28.....	No returns.	—	Sept. 2.....	—	14
" 26.....	4777	1498	" 29.....	—	25	" 3.....	—	19
" 27.....	No returns.	—	" 30.....	3833	1248	" 4.....	12	12
" 28.....	3575	1190	" 31.....	—	28	" 5.....	—	—
" 29.....	—	—	Sept. 1.....	—	—	" 6.....	—	—
" 30.....	—	—	" 2.....	—	—	" 7.....	9	5
" 31.....	—	—	" 3.....	12	—			
Sept. 1.....	No returns.	—	" 4.....	—	11			
" 2.....	2941	1000	" 5.....	—	—			
" 3.....	2500	788	" 6.....	—	—			
" 4.....	—	—	" 7.....	—	16			
" 5.....	—	—						
" 6.....	2132	619						

The probabilities are that these figures will be greatly reduced by October 1st, as the cooler weather does much towards stamping out the scourge.

Obituary.

DR. FRANK B. GALLERY, one of the prominent physicians of Rochester, died, on August 29th, from the effects of an operation recently performed on him. He was incapacitated from professional duty some time ago, and removed to the town of Greece, where he died. He was 38 years of age.

DR. WILLIAM. J. MACKAY, a well known physician, dropped dead at his home in Baldwin avenue, Jersey City, Sept. 5.

DR. WILLIAM B. ROWLAND, a leading physician of Maryland, died at Port Deposit, Sept. 6, aged seventy-four years. He was twice elected to the Legislature on the democratic ticket, and was a man of high professional standing.

DR. BENJAMIN D. CARPENTER, a prominent physician of Jersey City, died at his home Sept. 10. He was a descendant of the Carpenter family of Quakers conspicuous in the early history of Westchester county. He was born at White Plains, in June, 1824; was a pupil of Professor Wood, and graduated at the New York Medical College. He completed his studies at the hospital in New York, and settled at Patchogue, L. I. He built up a large practice and retired in 1874 with a fortune. He located in Jersey City, and from his frequent service as a consulting physician, was again drawn into practice. He was one of the experts who testified in the trial of Rev. George R. Vosburg for poisoning his wife. Dr. Carpenter's health began to fail, and for several years past he has travelled extensively. He recently returned from a tour of South America apparently improved. He leaves a widow and two sons, both of whom are engaged in business in Texas. His remains will be buried in Patchogue.

Medical Items.

—RICHARD J. THOMPSON, M. D., Fall River, Mass., thus comments on the new "Eureka Operating Chair," "Eureka Chair Co., Worcester, Mass. Gentlemen:—Some four months ago I purchased of you one of your Gynæcological chairs. I wish to say that it gives me perfect satisfaction. I know of but one position that cannot be obtained with your chair, and that is not indispensable. I have never used before any appliance for gynæcological examination which was not clumsy. Your chair is a comfort to *me*, and my patients, who know the feeling of *other* chairs, express *their* comfort in *this one*. Your manager is at liberty to use this letter, or to refer to me at any time.

—EXPERTS IN MICROSCOPY. The American Society of Microscopists, held its ninth annual session, at Cleveland, Aug. 18, with an attendance of over 200. N. Reynolds, of Detroit, showed astonished visitors millions of bacteria in a little drop of scrapings from their teeth. He was astonished to find that the bacteria from one man's mouth were dead. It transpired that the man had just taken a drink of whisky. He has specimens of mosquitoes from about Detroit which are grievously afflicted with lice.

—YELLOW FEVER EPIDEMIC. Reports from El Paso state that yellow fever is epidemic at Vera Cruz, and several smaller villages in the interior. The Mexican authorities use every means to suppress the information about it. Passenger traffic from Mexico has suspiciously increased during the past two weeks, and there are several reasons for believing that among the passengers are numerous refugees from the infected districts. All trains will hereafter be inspected by health officials there.

—CHOLERA has made its appearance in Barcelona, Bilboa, San Sebastian, Santander, Huesca and Tolosa. The Archbishop of Seville has died. Relatives of patients in many of the Spanish provinces assault the doctors in the belief that they poison the patients.

—IT IS with heat as with most of the other ills of life—the trouble is more mental than physical, more imaginary than real. People don't feel half as bad as they think they do. That summer heats are really no such hindrance to physical activity, no such danger to workers, as the "take it easy" writers would have us believe, is proved beyond all question by the fact that in their midst the continent's crops are garnered and borne half around the world to market, all the industries of mankind have their most active progress, and athletic sports of all kinds are at their height. This could not be if men's strength was diminished, and if their energies were depressed by the heats of summer. In truth, sunshine is a stimulant, not an enervator. They are waves of cold, not of heat, that kill the aged and depress the vigorous.—*Buffalo Express*.

—APPLICATION was made once in Ireland to an Episcopal clergyman to administer the sacrament to a person dying of a contagious disease. He declined attending, but sent his sexton. This man preferred not entering the abode, but placed the elements—bread, wine, etc.—on a shovel. This being long handled, which are used in that country, he passed it into the room, with the intimation that the sick man might help himself.

—NEW SCHOOL DOCTORS.—The State Eclectic Medical Society held its 25th annual meeting Sept. 9th and 10th at Adelphi Hall, Broadway, New York. There was a large attendance of delegates, including several lady practitioners. Dr. Alexander Wilder, of Newark, N. J., was elected president. Dr. Tuttle and Dr. R. E. Kunze of New York, read essays on the successful treatment of club foot and other deformities. The New York County Society tendered a resolution of thanks to Dean Boskowitz for his energetic endeavors to promote and “further the interests of medical science by the contributions of treatises rich with learning and information to practitioners in the eclectic school.”

—SMALL-POX AT PITTSFIELD, MASS.—An unmistakable case of small-pox was discovered in Pittsfield, Mass., Sept. 10th. The patient is a boy of 14 years of age, named Seymour Patterson. His home is in New York, but he has been visiting relatives in the town with his mother. They have lately arrived from Lake George. Precautions have been taken against the spread of the disease.

—DECORATED WITH THE RED CROSS.—Last year the Empress of Germany offered a cash prize of \$1000 and the decoration of the Order of the Red Cross to the successful inventor of a portable field hospital, to be set up at the exhibition now open at Antwerp, Belgium. Mr. William M. Ducker, of No. 42 Fulton street, Brooklyn, was one of the competitors. Sept. 10th he received a telegram from Antwerp, notifying him that the examiners had found his design to be the best, and he had been awarded the two prizes. The design, which is now on view in Antwerp, is 34 feet long, 17 feet wide, 6 1-2 feet high at the side walls, and 10 1-2 feet high at the ridge-pole. It is constructed of wood and fire-proof muslin, and has an out-building or annex at either end, some four feet square. The floor has an underlying air shaft to distribute air, heat or disinfecting vapor into the hospital through openings in the upper side. There are 24 floor sections, all of light, strong wood, interchangeable in position, and locking together by key pieces. The windows are small and placed close to the roof. The weight of the structure for winter use is 2500 pounds, and for summer use 1500 pounds. It costs only \$240, and two men can put it up in an hour.

—CULTIVATING COCA.—The coca plant, from which the new local anæsthetic is obtained, is being planted on a considerable scale at Ceylon.

—LOCAL ANÆSTHETICS. The facility of producing local anæsthesia has always been a great need in surgery. The most successful in the earlier attempts in this direction, the freezing spray, was attended with several inconveniences, and although the use of nitrous oxide and rapid respiration offered very satisfactory substitutes for the greater anæsthetics in short operations, yet they were still open to objection. The enthusiasm which prevailed a few months ago, when the striking properties of cocaine were announced, was evidence that it filled a widespread want. It is gratifying to know that extended experience has not seriously impaired the estimate which was first placed on its merits, but that its properties as a local anæsthetic are well marked and uniform. The field, however, is such that we can easily receive additions. Dr. Thos. J. Mays, of Philadelphia, has detailed experiments to show that the alkaloid brucia has distinct local anæsthetic powers. This observation is interesting from two points of view. It is gratifying to know that so important a property is possessed by a body which is in abundant supply; secondly, it throws light upon the toxicology of brucia. This alkaloid has always been regarded as analogous to strychnia, but of much less activity. Several cases of brucia poisoning are detailed in the standard works on toxicology, symptoms analogous to those of strychnia being presented. Bearing in mind the fact that the methods of separating proximate principles were originally imperfect, we can see that commercial brucia was little more than impure strychnia. Dr. Mays has pointed out that only absolutely pure brucia will give the local anæsthetic effects, and that the commercial article gives the physiological reaction of strychnia. It is evident, therefore, that the toxicology of brucia will have to be revised. The correlation between physiological investigation and chemical analysis is neatly demonstrated by these observations.—*Polyclinic*.

—THE greatest mortality from scarlet fever is during the third and fourth years of life, from diphtheria during the second and third years. It is found that the majority of children dying of diphtheria and scarlet fever in the first five years are boys, while the majority of those dying of these diseases during the second five years are girls.

—THE Medical Society of Virginia holds its next annual meeting at Alleghany Springs, beginning to-day.

—DR. Partington, after reading of the wholesale withdrawals from the International Medical Congress as at present governed, was heard to remark sentitiously, that he feared the Congress was likely to be merely a sexual one.

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— OF —

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[For Eastern Medical Journal.]

Spiritus Frumenti.

BY JACOB VAN VALKENBURG M. D.

It is not the purpose of this article to give the chemistry and pharmacy of whiskey. Those who desire information in regard to these matters, must consult the text books recommended by the professors in medical colleges. Neither shall we discuss, only incidentally, its physiological action. The literature on this phase of the question is already voluminous, and is further encouraged by legislative enactments in several of the States. It is used as a beverage to that extent, that places for its sale may be found wherever civilization (and sin) exist. No other article in the *Materia Medica* has suffered greater abuse. All drugs possessing positive medical virtues, favor and produce disease when continuously taken by healthy persons a sufficient length of time; and whiskey is no exception to the rule. Chloral, opium, etc., are examples.

Its medical action is the object of my inquiry. The therapeutics of whiskey needs some ventilation and more light, as there are some writers, lay and professional, who endeavor to poison the public mind on this question; and not only affirm that it is unnecessary as a medicine, but that its effects in pathological conditions "are evil, only evil, and that continually." Their efforts to prevent drunkenness, whether produced by alcohol, or opium, etc., are praise-worthy and Christ-like, but when

they invade the domain of medicine, and attempt to misrepresent and overthrow "scientific truths," to obtain their object, they injure the cause of temperance, and justly bring themselves into contempt.

Knowledge derived from books, instructors, and experience, teaches me that whiskey has at least three medical properties, classified under the well known terms of "diffusible stimulants," "narcotic," and "antiseptic." The first two have been distinctly recognized, while the last has been only obscurely stated by medical teachers. Its powerful antiseptic properties have gained the merit and position it has attained with the medical profession. There is no other antiseptic agent for internal use known to physicians that can be given in such doses, so safely, for such a length of time. The whole system can be saturated with it. Every tissue can be reached. The properties above enumerated, are so happily combined and proportioned that the one does not militate against the others. For example, in "typhoid conditions" of disease, we have prostration, restlessness and decay. Here all its virtues are needed. In "shock of injury," its stimulant and narcotic powers are required, which are not lessened or harmed by its antiseptic.

There is much controversy among writers, medical and otherwise, whether or not it is a "food." The answer largely depends on our definition of the term. That by its antiseptic virtues, it retards or prevents "tissue waste," "retrograde metamorphosis," "the running off of the phosphates," etc., etc., is a fact well established. The physician in active practice, (not a "paper doctor,") knows that he has repeatedly kept his patients by this or a kindred agent from the jaws of an untimely death. "A dodge," or "play upon words," amounts to nothing more than an exhibition of a writer's wit. Facts and truths are of utility in all matters, and especially so in the medical art; and these affirm that the so-called "alcoholic stimulants," secure in disease the same object for which food is given, to wit; "to sustain the vital force."

Having partially prefaced my way, I will give some of the diseased conditions in which it is indicated. I have prescribed it for years in the treatment of poison from the bee sting. I was recently summoned to visit a man badly swollen and stiffened from bee poison. His family physician, who had been previously called, gave him aromatic spirits of ammonia, in frequent doses, without any curative effect. The patient, who was an intelligent and temperate man, concluded that the remedy was as bad as the disease. He had taken it twenty-four

hours or more when I saw him. I ordered old whiskey, with good results. It is astonishing what an amount of it can be tolerated in these cases without producing intoxication. In this case he used no less than a pint in all—more than he had taken in his whole life. It is no new treatment. I introduce it, as it serves a purpose, and confirms a position previously stated.

In like manner is the poison of venomous reptiles to be treated, if the concurrent testimony of experienced physicians is to be credited.

Rubeola (measles,) is another disease where its power for good is almost sovereign. Having been located in two different sections of York State in my twenty-four years of continuous practice, I have seen several severe epidemics of measles, and treated a large number of cases, ranging from the "mild" to the so-called "black"; also the "relapsing"—the worst of all. I have followed essentially the treatment for this disease recommended in Jones and Sherwood's Practice of Medicine. When necessary, I order the hot whiskey toddy, and have never lost a case, while others practicing in the same locality and epidemic, who rejected the "whiskey treatment," had a mortality that was appalling. I am fully convinced that the alarming death rate in measles for the last few years, is caused more by "fashionable methods" of treatment, than from the malignancy of the disease. What the poison is that causes measles, I am not informed, and how, or in what manner whiskey antidotes it, I cannot tell; but that it renders the disease milder, with less complications and sequences, I am as fully convinced as I am of any other fact.

In what is known as "typhoid fever," I use sulphate of quinine, milk and whiskey, in the typhoid stage of the disease. In practice I divide the disease into two parts: the first I call the inflammatory stage; the second, the septicæmic, or typhoid stage. It is in this latter condition, characterized by sordes on lips, teeth, etc., (as soon as it appears), that I use the remedy. I am guided by the effect on the circulation and nervous system as to the quantity. I endeavor to give a sufficient amount of it as an antiseptic, to antidote the septic or septicæmic condition of the system. Since I have known of its antiseptic properties, I would not like to treat a genuine case of typhoid fever without a reliable article of old whiskey; neither would I like to do without the quinine; but was I left to the choice of one agent only, I should select the spirits. The last case I treated, I gave the quinine in one and two grain doses, and the whiskey with a liberal hand. It acted nicely, and accomplished the object for which it was given.

In diphtheria it is one of our most reliable and trustworthy agents. My first theoretical knowledge of its value in this terrible disease, was from a work entitled "Antagonism of Alcohol and Diphtheria," by E. N. Chapman, M. D. I have encountered several severe epidemics of this disease in my practice, especially the malignant varieties, where the entire fauces were not only invaded, but the larynx, nares, stomach, and attended with a stench that was horrible to inhale. Last April, I met with that form known as "Erysipelas of the Fauces," which is a genuine diphtheria ushered in with paralysis; consequently the exudation does not appear so early and is slight compared to the other varieties. The disease exists sporadically in this locality, and is an unwelcomed guest at all times of the year. My first practical experience with whiskey in this malady was obtained in 1881, in the months of March and April. The disease was so severe that it was popularly called "black tongue." Hitherto I had used the means and agents generally recommended and approved by the Botanic, Eclectic and Allopathic schools, following the highest and best authorities; but the mortality was such in this visitation, that I was *forced* to change my methods, treatment and theories. I had tried them to my satisfaction, and as a *denier resort* I put the "Brooklyn treatment" to the crucial test. Actual experience, and the results were all that were claimed for it. It was at this time that I learned the true value of whiskey in all diseases attended with septiæmia—blood poison. In the near future, I will write up an article upon Diphtheria and its Treatment. Suffice it to say that I would not attempt to treat the disease without the spiritus frumenti, and from my present knowledge and experience, it would be at least a violation of the moral law to do so.

Dr. Chapman's discovery that alcohol is antagonistic to diphtheria, will embalm his name on the pages of medical literature in grateful memory. He has given the profession the knowledge of one agent, at least, on which reliance can securely rest in a large per cent. of cases.

I go still further and affirm that it antagonizes, antidotes, etc., the septicæmic, septic, or blood poisoning states, stages or conditions of measles, scarlet fever, small-pox, typhoid and typhus fevers, diphtheria, consumption, puerperal septiæmia, etc.

Its value in cardiac exhaustion, and cerebral anæmia, "shock of injury," etc., are so well known that additional proof is unnecessary. To prevent the emotion of fear from doing violence to weak, nervous and timid individuals when exposed to shocks

in aiding a surgeon in operations, assisting in violent accidents, laying out the dead, etc., calls for its timely administration.

Prof. Austin Flint, of New York City, has for years in his lectures and writings, persistently advocated the medical use of the so-called "alcoholic stimulants" in the treatment of disease. When the medical profession shall comprehend the basic facts that have impelled him to maintain a position against popular delusion and political intrigue, then only, will the full value of his labors be appreciated in this respect, and adverse criticism be forever disarmed.

In selecting an article of whiskey, "rye" or "bourbon," care and judgment should be exercised. Age, smoothness, strength and purity are important factors in making a choice. Reliable brands should be sought, and purchased only from reputable dealers, in order to avoid imposition, adulteration and counterfeits. It should not be less than two years old—and the older the better. I usually order Taylor's Kentucky bourbon, Canada malt whiskey, etc. Like all other remedies potent for good or evil, it should be prescribed with discretion, care, prudence and skill. The physician whose fanaticism would lead him to administer alcohol diluted with water, on chemical theories, to a sick patient, as a substitute for pure old whiskey, exhibits an ignorance which faintly indexes his depravity. If the average inebriate, with all his appetite for intoxicating drinks, eschews such a potion as offensive to his taste, and an outrage on his stomach, what plea in the interests of science and morals could be advanced for giving it to others?

In the treatment of drunkards, public and private, confined to their beds by reason of severe accidents or acute diseases, we must not lose sight of the fact that they are deprived of their daily beverage, except at the hands of others, and a train of symptoms induced by cutting off the supply in conjunction with the malady will arise that will annoy the physician, and frequently call for the "check" of the patient. Many a "private," who was his own "bar-tender," and whose saloon was a "jug-tavern," has passed away, never revealing his secret sin to his wife, physician or friends. In these cases, a supply of spirits is to be continued commensurate to the needs of the patient until convalescence is assured.

In the treatment of contused and lacerated wounds on man and beast, especially those happening to stock from injuries received from barb wire fences, I offer a prescription that has been tested by ample experience, and worthy the circulation it now attains in the EASTERN MEDICAL JOURNAL:

R. Glycerine - - - - - 3 j.
 Acidi Carbolici - - - - - 3 ss.
 Spiritus Fourmenti,
 Aquæ Puræ - - - - - aa - - - - - O ss.

M. et Ft. lotio. Sig.:—To be used as a wash to the sore or wound every two or three hours.

The physician's duty to his trust is such that he is morally bound to apply the best methods, and use the surest remedies attainable for the restoration of his patient, and is justified in the continuance of such means, until better and safer measures are discovered. Remedies are not to be rejected because they are old, or accepted because they are new; but received according to their worth and merit. Truths and facts in morals and science are solid rocks on which the physician and others can stand unshaken by the floods of ignorance and storms of fanaticism, whether coming in the garb of science, or descending in the name of religion.

SHARON, N. Y., Sept. 16, 1885.

Progress of Medical Science.

YELLOW FEVER INOCULATION.—Dr. Freire has had great success with using gelatine cultures of the microbe; the disturbance is very slight; the inoculated lived “in the heart of the infected districts, and not one of them died; only a few suffered from a mild form of the disease, although of the non-vaccinated, 200 died in three months.”

“DESTRUCTION OF THE COCHLEA WITHOUT LOSS OF HEARING.—The loss of the cochlea is usually supposed to be equivalent to a complete loss of the power of hearing. Prof. Gruber, of Vienna, gives a case of chronic otorrhœa with polypi; the polypi were removed, and during the operation the necrosed cochlea also came away; the ear regained the power of distinguishing sounds and musical notes.”

SCROTAL CALCULI.—Dr. Schkott, of Moscow, removed seven uric acid calculi, fitting closely against each other, enclosed in a capsule of connective tissue, from the scrotum; there had been abscess with fistulæ. [*N. Y. Record, Sept. 12.*]

“OVARIOTOMY IN BELGIUM.—Dr. Boddaert, of Ghent, recently completed his hundredth case.” [*N. Y. Record, Sept. 12.*]

“LONGEVITY AND RICHES.—Joseph Körösi, of Buda-Pesth, read a paper before the Berlin Association of Hygiene, on the

effect of the pecuniary status on longevity. After eight years old, the average duration of life was with the rich 52 years; the middle class, 46 years; poor, 41 years."

"REGRESSIVE LOCOMOTION.—Dr. Luigi Mazzotti relates, in *La Rivista Clinica*, for June, 1885, a case presenting this symptom: the patient was unable to walk forwards, but would walk *backwards* or would turn around in a circle."

"ICTHYOL.—This is a bituminous substance found in the Tyrol, and formed from the remains of antediluvian fishes. Its chemical constituents are carbon, hydrogen, oxygen, sulphur (10 to 16 per cent.), and phosphorus (0.5 per cent.). It has the appearance of tar, is about the consistency of vaseline, is slightly soluble in water, alcohol and ether, and is mixable in all proportions in oils and vaseline. Owing partly to its large percentage of sulphur, it is found to be of value in the treatment of skin diseases, and especially of acute rosacea. It is used externally, internally and hypodermatically. An ichtyol soap is also made. It is used in burns and other traumatic lesions of the skin, and seems to possess the property of subduing inflammatory processes."

DOUBLE RENAL ARTERY WITH THROMBOSIS OF ONE OF THE TRUNKS.—Dr. Luigi Mazzotti reports in the *Bulletin delle Scienze Mediche di Bologna*, a case of this irregularity; with also a double ureter on one side.

APOMORPHINE AND MENTHOL have been used on the conjunctiva as anæsthetics, by Bergmeister in *Bull. Gen. de Therap.*; and Rosenberg in *Medicina Contemporanea de Lisboa*.

"DECOCTION OF LEMONS IN GONORRHŒA.—Dr. Rebatel recommends this remedy, suggested by Mannino, affirming that it quickly destroys the gonococci." (*Rivista Clinica e Terapeutica*, Aug. 1885.)

"DEMULCENT TREATMENT OF CHRONIC DIARRHŒA.—Dr. Celli recommends albumen in enteritis, beating up whites of eggs in water. (*Il Movimento*.)

"NAPELLINE IN TOOTHACHE.—Dr. Grognot relates a number of cases in the *Bull. Gen. de Ther.*, in which he administered napelline internally for the relief of odontalgia."

"CHLORAL IN ALBUMINURIA.—Dr. Barduzzi recommends this treatment, stating that the œdema is reduced, and the albumen nearly or entirely disappears from the urine." (*Il Movimento*.)

A NEW DIAGNOSTIC TEST FOR THE TUBERCLE BACILLI.—

Prof. Voltolini, of Breslau (*Allgemeine Med. Centr. Zeit.*, No. 65.), acts on the sputum on glass with fuming nitric acid; this gives a chain-like appearance within the bacilli.

FIGHTING BACTERIA WITH BACTERIA.—Dr. Arnaldo Cantani, of Naples, describes his experiments, in the *Giornale Internazionale delle Scienze Mediche*, No. 6, 1885. All previous medicines were discontinued, and the patient inhaled daily a mixture of gelatine and beef broth, containing a very rich, pure culture of *Bacterium termo*. In one month no more tubercle bacilli were observed in the sputa, and the patient was better. [*Editorial in N. Y. Record, Sept. 19.*]

—DISLOCATION OF FIRST CERVICAL VERTEBRA. A case of successful reduction of this hexation is reported in the *Record*, Sept. 5, by Dr. Carter, U. S. Marine Hospital. An assistant held up the head, while the doctor pulled on the back of the neck [*i. e.* axis, ED.] with the left hand, and “pressed with the thumb of the right hand on the projection in the pharynx, backward and upward, imparting also a rocking motion. In a minute and a half it yielded, and slowly moved into place; the patient said ‘all right.’ Tetanic and vaso-motor symptoms disappeared.” The doctor deserves praise.

—PROFESSIONAL ADVERTISING. On some of the prescription blanks of New York druggists, are printed the names of professors and their clinics, (with the hours)—allopathic, quite regardless of the code. There are rascals’ tricks in every business—code or no code.

—ODORS EXHALED BY PERSONS. Plutarch states that Alexander the Great exhaled odor of violets. It is stated the odor of musk was emitted by Malherbe, Cujas, and Haller.

—MAGGOTS IN THE EAR. A child with ear discharge, lay under trees; flies dropped ova into the ear.—*Record*.

—CHOLERA IN SPAIN. Since the beginning of the epidemic, the number of deaths has been 81,498; and the number of cases over a quarter of a million.—*Record*.

—ACTION OF MEDICINE ON NERVES. Dr. Denison, of Denver, has issued a circular, proposing that “a Prize Essay Committee be appointed to receive reports, and judge of their fitness, on the subject of: ‘To what extent are nerves or tissues rendered by disease peculiarly, or specially susceptible to medical action, more than in health: is there any law to be deduced therefrom?’ ”

EASTERN MEDICAL JOURNAL.

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While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

An Outrage.

When the so-called "mind cure" craze first made its appearance, to prey upon the minds and pockets of that portion of the public who are always ready and waiting for some new humbugging in which to invest their money, it could not be foreseen what an outrage it might become in a community in which it was allowed to be practiced.

As these self-styled scientists (!) pretend to give no medicine, (some of them do, however, and thereby show that they have no faith in their own methods,) it was thought that no real harm could be done; but abundant proof has been shown to convince any intelligent individual that it is working absolute mischief. Several cases have occurred in Worcester, Mass., which will prove this assertion.

A poor, weak-minded invalid was easily induced to try the "mind cure" for his complaint, which resulted in completely upsetting his mind, and he wandered away from home and was placed in a charitable institution by the authorities until the whereabouts of his friends could be ascertained.

But what is far worse, these crack-brained "patients," not only willingly submit themselves to be "practiced" upon, but place the lives of their children in the hands of these—worse than quacks. A mother, who had considered herself cured by the "faith" process, deliberately placed her baby, sick with cholera infantum, in the same hands for treatment, with the natural result—death, after a couple of weeks of agony.

If people have simplicity enough to intrust their own lives in such hands, let them, but in Heaven's name let something be done, and at once, to stop the sacrifice of innocent children. It is an outrage to civilized humanity.

Not long ago a father, living in Massachusetts, became crazed by religion, and imagined that he was called upon to kill

his own child, and did so. *That* was considered a crime, and due justice was meted out to him. The sooner all such fanaticism is stamped out, the better.

If the "scientists" would practice their methods upon themselves when ill, we would soon be rid of them; but not so, they are clear headed enough to want something more tangible when they, or their family, are sick, and call in a physician.

It is astonishing that reputable newspapers will allow their columns to be used to advertise these characters, but it seems that money will overcome conscientious scruples.

Voting for Places in the International.

With Anglo Saxon nations, the findings of Committees of deliberate bodies are implicitly obeyed, as are the findings of a court of law.

Exceptions to this custom is seen in the tumultuous and school boy manner with which the results of the Committees of the International have been received. Specialists are continually writing private letters to persons they have met in Europe, asking questions for their answer. Of course the queue is given, and the answers are packed. This is undignified, but nothing more than what might have been expected. Until our specialists learn how to act with propriety they had better let committee business entirely alone.

People may regard it as a joke, but, as there seems no probability, or even possibility, of our all agreeing, suppose we have ballots printed, and sent to all the physicians of respectability; that they can then *vote* for the man of their choice.

The country doctors seem to be crazy to see New York specialists—our P. T. Barnums: distance lends enchantment to the view; for goodness sake, trot them out, and let us go to sleep.

Civilized vs Savage Operators.

In the *N. Y. Medical Record* of September 12, are two very instructive cases of hysterotomy; in the first, a native operator in Africa got his patient perfectly healed and well in nine days: in the second, although the lady was gored by an ox, still, civilized doctors were called in, in Kansas, and the patient died the following day.

The African doctor, no doubt, performs such operations frequently, and nothing is thought of his marvelous success; with us, hysterotomy is exceedingly fatal.

Although the Kansas doctors employed what we would consider excellent treatment, surgical and medical; we think the surgical and medical treatment employed by the African doctor superior. We have here the benefit of specialists, enterprising journalism, antiseptic preparations, germ theories, etc.; barbarous nations have the benefit of only *one* point, an essential one, and that is COMMON SENSE.

We make no reflection on the Kansas doctors, because every one of us would have done exactly the same thing.

The African operator did not use a director, but slashed right in through the abdominal parietes into the womb. Of course the intestines are out of the way in pregnancy, thus differing from ovariectomy. The hæmorrhage, so dreaded by us in these cases, was perfectly controlled by the African doctor by pressure and cautery.

Fighting Bacilli with Bacilli.

A case is related elsewhere in this number, where tuberculosis was arrested by inhaling a gelatinous cultivation of b. termo. This case opens up a vast field of thought and experiment; and we agree with the *N. Y. Record*, that it is a very important step in advance. It is a bold undertaking.

Cholera Statistics.

Spain, from September 7 to September 24.	Marseilles, from Sept. 8 to Sept. 18.	Toulon, from Sept. 8 to Sept. 18.																																																																																							
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Officers on Detached Service.

Since President Cleveland's installation, an excellent order has been promulgated, directing that officers who have not seen their regiments for many years, should forthwith join them. These gentlemen like Washington society, preferring the same to hunting Indians.

Per contra, a few appointments have been made, of officers in public service to scientific positions; for instance, General Hazen, Lieutenant Schwatka, (who has returned to his regiment,) and Dr. Billings have been assigned duty on detached service. These appointments cannot morally come under the same head as those men whose chief duty is to dance at balls, and draw full pay, while their regiment is feeding on hard tack and dessicated biscuit, on the frontier. We respectfully think the government should adopt a double rule for these cases. Scientific civilians might be appointed to scientific positions, but public scientific service is likely better performed by men who have habits of discipline, and the habit of sending in reports to superior officers. We say, retain Dr. Billings.

Society Proceedings.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting September 28, 1885.

DANIEL LEWIS, M. D., PRESIDENT, IN THE CHAIR.

[Reported Expressly for Eastern Medical Journal.]

Nomination of Officers. Dr. Lewis was re-elected president; Dr. Carpenter, Secretary, and Dr. O. B. Douglas, Treasurer. Drs. Drake, H. T. Pierce, W. E. Bullard, Weld, Pifford and J. W. Howe were nominated for censors.

DR. A. E. CURRIER then read a paper on

GONORRHOEA IN THE FEMALE.

This affection is difficult of diagnosis; we have to go purely by the results of the treatment. Zenger has stated that more than one-ninth of gynæcolocial practice has originated in gonorrhœa. Our ideas of this affection have been greatly modified by recently established facts, which have caused changes in treatment; we have to adopt new methods of examination, in absence of proof of direct exposure. The disease is identical with that in the male.

Dr. Nœggerath wrote a paper in 1876, which inaugurated a

new line of thought as to the treatment of this affection; his ideas were received with incredulity. Recently Martineau, Oppenheimer and Zenger have made important researches. Nœggerath favored a parasitic origin. Neiser, in '79, made researches. In '44, spores were discovered in the urethra; these were afterwards seen by Hallier. Neiser discovered the gonococcus. But this disease is distinguished from all others by the fact that it penetrates live tissues, as the cornea of the new born infant; easily invading ruptured tissues.

Ophthalmia neonatorum is similar in its action. Gonococci are absent in ordinary ophthalmia. In ninety-two cases of gonorrhœa, cocci were observed in sixty-three; no other bacteria were seen; no satisfactory points can be gained from the mothers. The affection is principally seen in the upper portion of the vagina. New born infants affected with gonorrhœa contract it while in utero; it is generally seen in dry births. Zenger inoculated the eyes of infants with lochical discharge—with no result. Gonorrhœa has been seen in the puerperal discharge of 79 women. Koch's regulations as to the identity of disease have been all fulfilled by Neiser in this instance; he has cultivated the cocci down to the fourteenth generation. Steub says it can be given to dogs and rabbits. Stenberg says the cocci cannot be distinguished from those in the normal human saliva, or in acute abscess. I have applied to my own urethra cocci of the ninth generation; they were not disturbed, but the results were negative. The secretions act as culture fluids. In legal medicine the presence of cocci can not be taken as evidence. There is only moderate dissent from the claims of Neiser.

These cocci may invade other organs. They have been seen in the vagina in girls having scarlet fever. The searching for these microbes is often difficult and unavailing. Fritsch has been converted to Neiser's views. Some forms of this affection are better known than others. It is sometimes associated with vaginitis. It is seen in the posterior vaginal vault, or fornix, in the loose tissue. This can be well exposed by using Sim's speculum. It attacks the mucous membrane of the cervical canal, which is rich in glandular structure. Important data have been obtained from official examinations of the large number of prostitutes in Alexandria. It affects the vulvar glands, the neighboring ducts, rectum, skin, anus, mucous membrane of uterus and the Fallopian tubes and ovaries; this last resulting sometimes in fatal peritonitis.

Mercier conducted investigations in the dead house. Lawson

Tait considers a large proportion of Fallopian disease to be due to gonorrhœa. There is a form where the peri-urethral glands are implicated. This question has been investigated by Skeue, in the glands of the vagina and vulva; the ducts under the clitoris are also affected; Martineau repeatedly found cocci in these cases, where the patients considered themselves cured, but the cocci still lingered in the ducts.

Lawson Tait states that gonorrhœa causes a variety of affections of the Fallopian tubes, as simple congestion, hydro-salpinx, hæmato-salpinx. Again, inflammation of the tubes may be of syphilitic origin—the latter being the most frequent; there is often pyo-salpinx, where we find gonococci. We can discover tubal disease by palpation. L. Tait states that 1 in 5 cases of tubal diseases is caused by gonorrhœa. The question of influence of gonorrhœa on fecundity has been examined into by Næggerath; it often induces sterility; this is observed in prostitutes. After pregnancy has commenced, it has no effect on the foetus. It is stated that gonococci traverse the foetal envelopes and the amniotic fluid entering the foetal conjunctiva; the foetal eyelids are always closed in utero.

Obituary.

DR. W. A. GUY., F. R. S. The death of this well known English physician is announced. He was born at Chichester, in 1810, and received his professional education at Christ's and Guy's hospitals, London, gaining the Frothergill medal in 1831 for an essay on asthma. He graduated in medicine at Pembroke College, Cambridge, in 1837, and became professor of Forensic medicine in King's College, London, in 1838, and professor of hygiene in 1868. He became Fellow of the Royal College of Physicians in 1854, Censor in 1855-6 and in 1866, Croonian Lecturer in 1861 and Lumleian Lecturer in 1868. He was best known for his devotion to sanitary and social science and statistics, as editor of Dr. Cooper's *Physician's Vade Mecum*, and author of "The Principles of Forensic Medicine."

DR. THOMAS MCINTIRE, for twenty-five years superintendent of the Indiana institution for the education of the deaf and dumb, died, Sept. 25, at Indianapolis, aged seventy years. He was also for several years superintendent of the State Deaf Mute asylums of Michigan and Pennsylvania, and was regarded as one of the most eminent educators among this class of unfortunates in the country. Dr. McIntire was very widely known in this country and Canada.

Medical Items.

—THE winter course at the N. Y. Post Graduate Medical School and Hospital has just opened with a large increase in the number of its students. In addition to the general schedule, which embraces a few lectures on many subjects, there has been arranged a schedule of separate courses, which affords an opportunity for daily instruction to those wishing to pursue any special branch of medicine.

—DR. C. E. NELSON, the "Eastern's" N. Y. editor, paid his first visit to Worcester, Mass., recently. He is much encouraged at the reception of the "JOURNAL," since its change to a fortnightly, and predicts a grand future for it. Certainly his efforts in its behalf are deserving of success.

—A PECULIAR affection of the eyes has broken out among the employees of the Sterling Rubber Company at So. Framingham, Mass., and about fifteen men and boys have been disabled by the painful disease. It is thought to be the result of the influence of the naphtha used in the manufacture of the rubber cloth coming in contact with the eyes, through perspiration or other causes.

—THE ECLECTIC MEDICAL SOCIETY of the state of New York met in the "Adelphia," at Seventh avenue and Fifty-second street, Sept. 9, and passed resolutions asking the Legislature to re-enact the medical statute of 1844.

Officers were then elected as follows: Pres., George Baskowitz; V. Pres., M. L. Filkins; Recording Sec., Thomas Cleland; Treas., William Jones, of Newburg. Censors: A. Wilder, A. R. Tiel, Mattewan; S. Tuthill, Poughkeepsie; L. O. Grotius, Saratoga; G. A. Rige, Belleville; T. L. Harris, Cazenovia; J. C. Durgan, Dalton; O. Davis, Aticia; and A. M. Lesser, of the Elector College. The meeting for 1886, will be held at Newburg, N. Y., on the first Wednesday in October.

The convention then adjourned.

—MUTUAL AID SOCIETY of the National Eclectic Medical Association has been organized, with the following officers for 1885-6. Pres., S. B. Munn, M. D.; V. Pres., Henry B. Piper, M. D.; Medical Examiner, Milton Jay, M. D.; Treas., Lorenzo E. Russell, M. D.; Sec., Alexander Wilder, M. D., Newark, N. J.

—THE CONNECTICUT ECLECTIC MEDICAL ASSOCIATION will hold its semi-annual meeting at the United States Hotel, Hartford, on Tuesday, Oct. 13, commencing at 10 A. M.

—SMALL-POX IN MAINE. Dr. Young, of Augusta, Me., on the part of the state board of health, forwarded Sept. 22, a communication to the national board of health, in which it is asked that Maine be included in the list of New England states where measures are being taken by the national board to prevent the spread of small-pox across the Canadian frontier. The secretary of the state board has been in consultation with the authorities in several manufacturing cities relative to the vaccination of the French people. He has also been taking measures to secure vaccination of the railroad men of the state.

—SMALL-POX AT LOWELL. The first case of small-pox in this city was reported Sept 23, in a French family. The victim was a child two years old, in a family who came recently from Canada. The entire family were removed to the pest house the next day.

—THE well known house of Thorp & Lloyd Bros., of Cincinnati, Ohio, are now succeeded by Lloyd Bros. Business is carried on at the same place as before.

—TYPHOID FEVER IN A LUNATIC ASYLUM.—Typhoid fever has been prevalent in the New Jersey State Insane Asylum at Morris Plains, 16 cases having already occurred. A careful examination of the premises and buildings resulted in the conclusion that the prevalence of this disease was caused by the imperfect drainage system. On one side the sewage is run into trenches within 400 feet of the building, and is then allowed to deodorize in the air, and the gases are carried into the rooms of the patients.

—SMALL-POX IN MONTREAL "From Aug. 1, up to Sept. 14, the total number of cases was nearly 1000, with a fatality of about 330." This is a mortality of 1-3.

—SMALL-POX IN JAPAN. "During the first six months of this year, there occurred 4472 cases, with 1191 deaths." A mortality of 1-4—less than Canada.—*Record*.

—CHOLERA IN EUROPE. Cholera seems to have ceased in France, very much diminished in Spain, and commenced again virulently in Italy. When it seizes upon a country, it seems to run itself out.

—DISINFECTION BY CORROSIVE SUBLIMATE. Bed bugs, insects and disease germs can be thoroughly and effectively eradicated by fumigating apartments with corrosive sublimate. "Two ounces are put on a plate, over a chafing dish, the windows and doors of the room being closed."—*Record*. [From *Centralblatt fur Chirurgie*.]

EASTERN MEDICAL JOURNAL

— OF —

Practical Medicine and the Allied Sciences,

Published on the 1st and 15th of the Month,

BY A. J. MARSTON, M. D.

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VOL. IV.

WORCESTER, MASS., OCTOBER 15, 1885.

No. 13.

[For Eastern Medical Journal.]

Medication Upon the Vaso-Motor Centres.

BY I. J. M. GOSS, A. M., M. D.

When those functions, deriving their nerve power from the vaso-motor centres, are depressed, we can stimulate them by alcohol, either, chloroform, ammonia, strychnia, digitalis (in small doses); and by irritation of the sensory nerves in many accessible portions of the body, by cold, counter-irritants, such as mustard; also by applying ammonia to the nose we stimulate the trigeminus most powerfully. And the vaso-motor centres may be depressed by aconite, local sedatives, such as anodynes, warmth, and very gentle friction. We may stimulate the local vaso-constrictor mechanism in the arterial walls directly by a lotion of lead, zinc, silver, digitalis, ergot, cold-irrigation with water, by ether-spray, or evaporation of spirituous solutions, acid solutions, or saline solutions, which are called vascular astringents. We may produce vascular dilatation through the same local mechanism by the nitrate of amyl, sodium, nitro-glycerine, alcohol, and by *large doses of belladonna* (the toxic effect of belladonna), by warm poultices, by the volatile oils, as camphor and turpentine, by acrid oils, by irritant metals and metalloids, as zinc, copper and iodine; and such carbon compounds as creosote, carbolic acid, etc.

THE CAPILLARIES.—The morbid condition of the capillaries is an object of greatest interest to the therapist. It often

becomes necessary to dilate the capillaries, and thus prevent stasis or congestion. Locally, we can often accomplish this by the application of warmth to the part affected, and by brisk friction, irritation, etc., but these means only answer in the early stage of this diseased condition. On the other hand, it often happens that certain pathogenetic agencies morbidly impress the vaso-motor centres so that the capillaries become greatly dilated, and hence it becomes our duty to give such remedies as to contract the capillaries, and thereby restore their normal circulation. In those cases of extreme stasis, local applications are not sufficient, but such morbid conditions require systematic remedies. Some therapeutists say that "our influence upon the walls of the veins appears to be but small" (see Bruce). But this is a grave error, and arises from the fact that such authors do not study the dynamic action of remedies, which is at most always opposite to that of the toxical action of the article. The toxical action is only an evidence of the affinity of a remedy.

From direct observation I am convinced that belladonna has the power, through the vaso-motor centres, to contract the capillaries, and thereby overcome congestion in certain parts, especially the brain and spine. This is accomplished only by small doses, as large ones certainly produce the opposite effect. We have proof, also, that arterial pressure is increased by this remedy. But after the division of the spinal cord, belladonna becomes powerless to produce either arterial pressure or capillary contraction (see the experiments of Bezold and Blœbaum).

It is certain that belladonna is a stimulant to the vaso-motor centres. And it is acknowledged by many acute observers, that, in the advanced stage of belladonna poisoning, the blood-pressure falls, and then there is dilation of the capillaries. (see H. C. Wood.)

The action thus of belladonna upon the vaso-motor centres makes it a precious boon in many of our ills. In inflammation of the brain and its membranes, especially in its early stage, belladonna will make a decided impression quickly, if given in doses of 3 to 5 gtts. every four to six hours. In typhus and typhoid fevers, where there is delirium, illusions, hallucinations, mania, stupor or insomnia, belladonna is indicated. Its affinity for the skin makes it a remedy in scarlet fever, and some cases of erysipelas. It acts like a charm in vertigo, or rush of blood to the head, or throbbing headache, with intolerance of light. It aids aconite in acute tonsillitis, pharyngitis and laryngitis. It acts well in delirium tremens, neuralgia, paralysis from con-

gestion of the cord. It is applicable in conjunctivitis, retinitis, iritis and amaurosis, and also otitis. It aids other direct remedies in the cure of orchitis, ovarities, peritonitis, metritis, mastitis, milk-leg, catarrh, asthma, boils and ulcers, if attended with the above partial paralysis of the vaso-motor nerves.

MARIETTA, GA.

[For Eastern Medical Journal.]

Death in the Spoon.

EDITORS EASTERN MEDICAL JOURNAL:— Works on pharmacy give the following as approximate measures: Teaspoonful equals one drachm; dessert spoonful equals two drachms; table spoonful equals half an ounce or four drachms, etc. These measures harmonized with the "teaspoon" and dessert spoon, etc., used by our grand-mothers; but the "tea" and "dessert" in common service to-day by our wives, hold twice as much; *i.e.*, teaspoon equals two drachms, and the dessert spoon equals three drachms. Neither time nor the freaks of society have altered the table spoon. The medical idea of a teaspoonful is a fluid drachm, while the teaspoon in popular use holds two drachms, or as much as the medical dessert. When the change in the capacities of the "tea" and "dessert" spoons took place, I am not informed. That it frequently leads to fatal results, I have every reason to believe.

The tea-cup and tumbler of the books are rarely seen in use or market. The modern so-called, only agree in name, rarely in form or size; but are subject to modifications by the capricies of the manufacturers, and the demands of fashion.

Recently visiting a patient, I saw a mother dosing her infant with a soothing syrup or anodyne cordial, according to the directions on the bottle. At such ages, the dose was in drops, and when older, by teaspoon measurement. The dose by drops plainly indicated that the manufacturer used the word teaspoonful as synonymous with fluid drachm. The mother was using the teaspoon in common use. I at once corrected her, and warned her of the danger that was liable to take place. She had never learned that there was any difference in teaspoons, and this may be the case with others. Physicians who prescribe medicines in rational doses, need to exercise care in regard to the spoon.

JACOB VAN VALKENBURGH, M. D.

SHARON, N. Y.

Treatment of Gonorrhœa in the Female.

BY H. T. HANKS, M. D.

It is most essential that you make frequent vaginal douches and copious—half gallon or more—of very warm water. In using these douches, corrosive sublimate, gr. i to Oi, chlorate of potash, 3ij to Oi, or carbolic acid 3 ss to Oi will serve you well. Be sure that the patient is taught how to fill the vagina full with the fluid, by retaining the solution in the canal for a moment—ballooning it, as it were—by means of pressure over the vulva.

Progress of Medical Science.

OSSEOUS LESIONS IN INHERITED SYPHILIS.—“A paper on this subject, by Dr. R. Lörner, of Berlin, appears in the *Zeitschrift für Geburtshilfe und Gynäkologie*,” (Band x., Heft 2). Forty-three foetuses which had died in utero were examined; the liver and spleen are enlarged, as also placenta. “The epiphysis femoris is either quite loosened, or there are deep fissures below the line of ossification.”

SEA-SICKNESS.—“The vessel's motion causes changing intracranial blood-pressure. When the vessel sinks, hyperanæmia of the brain is produced; and in rising, anæmia occurs. Nausea and vomiting follow any sudden diminution in the amount of blood within the cranium. The secretion of the kidneys is reduced. The headache and apathy may be really a mild form of uræmia.—*Allgemeine Wiener Medizinische Zeitung*, Aug. 4, 1885.

THE PATHOLOGY OF WRY-NECK.—Volkmann has discovered that sometimes the sterno-cleido-mastoid was entirely absent, and replaced by fibrous tissue—this is caused perhaps often by tearing during birth of the child.—*Centralblatt für Chirurgie*.

IODOFORM IN TUBERCULAR MENINGITIS.—Apply ointment containing 1-10 of iodoform to head. (Dr. Nilsson, *Hygeia*.)

LATERAL INCISION of the Perineum for prevention of Rupture during child-birth. Crede and Colpe seriously discuss this proposition!

TRANSPLANTATION OF THE RABBIT'S EYE.—This operation has been successful in Paris and Boston.

THE VITALITY OF DISEASE GERMS.—At the late Aberdeen meeting of the British Association a paper was read by Prof. McKendrick, on the action of intense cold on microphytes. The

author's experiments consisted in exposing for hours to low temperature (obtained by a specially constructed cold-producing machine), putrescible substances in hermetically sealed tins or bottles. The result of these experiments, when the frozen flasks were subsequently allowed to thaw in a warm room, was that the micro-organisms which had been exposed in a temperature of one hundred and twenty degrees below zero for at least one hundred hours were not destroyed, and the organic fluids in which they were held soon underwent fermentation and putrefaction.

Obituary.

DR. THOMAS B. JEWETT, of Birmingham, Conn., died of blood poisoning, Sept. 15. He contracted the disease while performing a post-mortem examination while there was an abrasion on the little finger of his left hand. A few days afterward the finger became swollen to three times its natural size and gave great pain. It finally ceased and the finger became better; but after a few months constitutional symptoms set in in various ways, such as eruptions of the skin and rheumatic affections in various parts of the body. He consulted with the best medical talent of the vicinity and went to New York and saw Dr. Otis, who agreed with the local physicians that he was suffering from dangerous blood poisoning. About a week ago he was attacked by severe pains in the heart, and before his death had congestion of the lungs. He was one of the most prominent and well known physicians of the State, although only thirty-seven years of age.

JOHN LIGHT ATLEE, M. D., the famous physician and surgeon, died Oct. 1, at Lancaster, Pa. He was the eldest son of Colonel William Pitt Atlee, and was born in Lancaster, Pa., November 2, 1799. He completed his academical education in Philadelphia, and in 1820 graduated as M. D. from the University of Pennsylvania. From that time until considerably past his eightieth year he continued actively in the practice of his profession, of which he has been a distinguished member and in which he has been especially famous for surgical skill. He revived the operation of ovariectomy in 1843 successfully.

—“PRECOCIOUS MENSTRUATION. Dr. Denver reports, in the *Gazette Medica di Bahia*, the case of an infant who began to menstruate at two months; the courses were regular in appearing and duration.”—*Record*.

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Worcester, Mass.

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109 E. 35th St., New York.

WORCESTER, MASS., OCTOBER 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Sanitary Legislation.

Our laws, literature and medical practice are drawn from English models; sanitary measures and collective investigation methods are also drawn from the same source; therefore it might be deduced that the British government is in the van of civilization and humanity.

There may be a certain amount of civilization allowed by the government, for the exclusive benefit of the richer classes in Great Britain; so that those of the more fortunate classes, who are still obliged to earn their living in the professions, may be able to make both ends meet; certain doctors who may get up measures of sanitary reform, do so for their own private ends, without any thought for the poor, whose life is almost ground out of them by an oligarchical state of society and government. Perhaps the Chinese and the United States are the only forms of government worthy of the name.

The Chinese government is a patriarchal one; as it keeps aloof from other nations, they have no wars, or serious pestilences. There are no religious wars, because Confucius has brought them all together under one banner; the land is so highly cultivated, and although wages are almost nominal according to our high standard, the people seem to be contented.

Our American system of government is one of exclusive toleration, limited only by the observance of necessary laws. We have here no privileged classes to feed in idleness off of the poor; here everybody is equal, and those who go down, have only themselves to blame, and not the form of government. Of course, our governmental system, being devised by human minds, is not exactly perfect; and we have had to introduce from time to time a few modifications—such as the abolition of slavery; no doubt the abrogation of polygamy will follow.

Specific sicknesses, unfortunately will be met with in all climes

and times. But a very large amount of sickness is due to dire poverty, and the fatigue and exposure that human beings have to endure in working for a living. Work has to be performed, according to our civilized system. Work is healthy if the workers are well fed and housed; hours of labor, also, should be moderate, so that a certain amount of time be allowed for healthful exercise in the fresh air, and for mental recreation. In the European systems, this is impossible, as the workers are oppressed by aristocracy, and despotic governments; as if not enough, powerful religious hierarchies side with governments to keep the people in a miserable poverty. No wonder that the oppressed nationalities seek refuge in our free land, which is not cursed with Pope, Czar or Aristocracy.

No proper or complete sanitary reform can be made, without a just political system being established as a preliminary. Such a system is at present impossible in any country except China, the United States and France; in this latter country, political freedom is still a rather minute quantity, but in other respects the people are happy and contented.

Unfortunately, civilization permits such anomalies as royal families, church hierarchies, and a lazy, useless aristocracy. Behind these are the troops, who with fixed bayonet are ready to obey the mandates of their wicked rulers.

In most countries personal liberty is not respected; people have to serve in armies, can be sent to Siberia for political reasons, and can even be offered up in sacrifice.

In Great Britain, personal liberty is guaranteed; but the franchise is still very limited, and the poor, consequently, shamefully oppressed. In Ireland, the most iniquitous laws prevail, permitting a tax on seaweed, and wholesale famines.

Legislative remedy in these countries is out of the question; therefore, in a sanitary or medical sense, only one course remains—to do away with, and forever abolish royal families.

Review of the Cholera Epidemic.

The daily number of fresh persons attacked by cholera in Spain has very materially decreased. As this diseased condition broke out successively at widely different points, where Ferran and his aids could not possibly be present, we must conclude that his inoculations had nothing to do with the fact of only a certain portion being attacked, or with the death rate of that certain number. Dr. R. Nelson, in his Treatise on Cholera, published in New York, stated that the disease invading a dis-

strict, would rage until its fury had spent, and then suddenly no more deaths would occur; then, the disease would break out in a new locality, where the air was different, and repeat the course there; and so on, for all the localities: the *reason* was not given. Dr. Koch, presumed causative bacillus, and Dr. Ferran's inoculations will not even explain the matter. With the exception of what was styled the Plague in the Middle Ages, no other disease attacks such large numbers in localities.

The opposition of the Spanish populace to doctors and inoculation is not easy to explain; they perhaps suppose that doctors bring disease with them (which is very likely); that their medication is useless, or harmful (this is again likely, in the face of such a disease); that inoculation produces the disease in those who would not otherwise have it (this has seemed to be the case in some districts—but on the whole inoculation seems to be preventive); lastly, the opposition, if not started tacitly by the priests, may be urnate in the minds of the ignorant peasantry, they not caring to obey any important order not emanating from the Church.

The opposition to the rural populations to the arrival of travellers, seems to be perfectly just, although severe on the fugitives.

Bad food may be a good nidus for cholera; if so, this epidemic will have effected one good purpose, if it opens the eyes of the world to the puppet who sits on the Spanish throne, and who does not take more interest in his people's welfare. King Alfonso has been more liberal than any of his predecessors; but people do not want comparative goodness; it is time, in the face of pestilence, caused perhaps largely by poor diet, to abolish the child play termed Royalty—a word means nothing.

Small-Pox in Montreal.

Montreal variola statistics, to be valuable, should be figured on the foundation that there are as many English-speaking persons as French; whether they are Catholic, Protestant or Buddhist, has no connection with the small-pox. If the French-speaking element outnumbers the English, ditto; the statistics are not completely reliable.

In a similar way it is stated that disease works more havoc among poor than rich persons; this is illogical; there are more cases among the poor, simply because there *are more poor than rich*. Poverty also may make sickness more severe.

The French-speaking poor in Canada, may have the same objections to vaccination as in Spain. We do not think politics

enter into the question, either in Spain or Canada; the people of both countries, steeped in ignorance and dirt, simply follow the directions, secret and public, of their priests. Too much reliance must not be had in vaccination during severe epidemics; however, the civil authorities should not allow the Board of Health to be hampered by an ignorant populace. The Roman Catholic Church, in all countries, is an imperium in imperio; such a state of things is intolerable, and a disgrace to the times we live in.

A New Treatment of Uterine Cervical Affections.

In the *New York Record* of Sept. 26, a new treatment of the cervix which appeared in the *New York Med. Journal*, is editorially noticed. The *Record* does not commit itself one way or the other, simply stating that if the treatment proves successful, it will be a great advance in uterine surgery.

The idea is that topical applications cannot penetrate into the follicles and ducts; this fact has long been known as regards the follicles and ducts opening into the genito-urinary tract in the male; therefore the author, Dr. Baruch, considers it necessary in many cases to extirpate these glands, or at least lay open, curette and cauterize the same. This is feasible with the larger glands, but we consider it perfectly impossible to thus treat the mucous glands in general of the cervix—or even to know where they are, unless you cut a piece out of the cervix, and place it under the microscope.

Reporting the New York County Medical Society.

In the last number, the above Society papers were reported, they having been read on Monday, Sept. 28, in the evening; the short hand was done into printers' copy, and mailed to Worcester on the 29th. On Sept. 30, the issue was shipped to New York, which it reached Oct. 1; thus appearing *one day* sooner than in the *N. Y. Medical Record*, and *two days* before the *N. Y. Med. Journal*. These two journals had the advance sheets for more than a week; we were obliged to *report* it at the last moment.

Our society reports during the winter will be fuller than the same reports in other journals; and they will be very often in advance of those reports in the weeklies.

Society Proceedings.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, October 6.

PRESIDENT BIRDSALL IN THE CHAIR.

Hemianopsia of Central Origin.

BY E. C. SEGUIN, M. D.

[Reported expressly for Eastern Medical Journal.]

This signifies the eyes being able to take in only half of the visual field. I am indebted in making up this paper to the researches of Moulton, Villaubrod and Allen Starr; also the records of the Surgeon General's Office in Washington, having made fresh analysis of the cases, relation of the symptoms of hemianopsia to cerebral lesions in the cortex, showing how we may be guided in our practice; giving cases of typical lateral h., stationary, and lasting till death. Other cerebral lesions are also noted, so that we can make a diagnosis *intra vitam*, thus adding to our knowledge of cerebral localization. There are also lesions in the optic thalamus. I have tabulated forty-one cases; these include five traumatic ones, and thirty-six post-mortems. Two cases have escaped my search. The disease has been known for more than a hundred years.

Hemiopia was known perfectly at the close of the last century, but this term is now taken in a different sense. Observations have been made by A. G. Richuer, T. Mounoyer, Y. Hirschberg, etc. Hemiopia signifies when half of the retina is involved; hemianopsia, where only half of the visual field is apparent. Right hemiopia would be equivalent to left h. This defect is detected by the perimeter, or by the finger moving on the blackboard. There are several varieties of h., *e. g.* temporal, nasal, and lateral or homonymous h. There may be lesion of the optic chiasm, or of the optic tract, and of the caudal parts of the optic centre.

Anatomically, the fibres of the optic commissure decussate differently in the lower grades of animals, where the eyes are placed partly in front; and in man in whom they are placed wholly in front. After removal of both eyes in the lower animals, there is atrophy of the optic nerve and tract. Whether sight remains after removal of both hemispheres, is doubtful. There is irregularity and immobility of the pupil. Lesion of the principal optic centres is rare in man.

Of these forty-one cases, three are useless for instruction; three have been caused by pressure on the optic tract; seven caused by pressure on thalamus opticus, or cerebrum generally; ten, lesion of lobes; five were traumatic; thirteen, lesion of the cortex; and four in which the lesion was circumscribed: these last will help to localize the condition in man.

I will now read some collected cases:—

By Huguenin, observed in 1876; softening, the patient fell unconscious; aphasia, alexia, deafness, death, in a few months.

By Pfluger; cerebral hæmorrhage, left lateral h., the arachnoid was opened, and the left lateral ventricle, which contained bloody serum; the hæmorrhage was in the corpus striatum, and inferior part of the thalamus opticus, the clot in this latter being low down.

In 1877, a case was observed, where the thalamus was involved, vomiting, hemiplegia, h. and hemopia: the caudal half of the thalamus was softened, cortex cerebri normal, no disease elsewhere.

A case where chancre and pharyngitis occurred thirty years before; right h.; right sided paresis; choked disc; right optic nerve normal; in left occipital lobe was a gummy tumor; left lateral ventricle greatly distended.

The eighteenth case, by Baumgarten; contracted kidney, and fatty heart; a clot in centre of right thalamus.

Case 19, by Dreschfeld, left hemiplegia, and left homonymous h.; convulsions and death; tumor in right thalamus, extending almost to surface of hemispheres. The right thalamus opticus was reduced to almost a flattened band.

Case 30, in 1882. Bright's disease; mitral stenosis; aphasia; left hemiplegia; left limbs numb; died comatose. *Autopsy*: several clots were found in certain parts of both hemispheres.

Case 35, by Rosenbach: ovoid clot in posterior upper extremity of thalamus; right amblyopia; right homonymous h.; impairment of mental faculties; died epileptic.

In these cases we find lesions of thalamus, tumors in both optic lobes, atrophy of thalamus and optic nerve.

Case of Levick, in 1860, an American case; h.; headache; drowsiness; vertigo; head felt large. *Autopsy*: vessels gorged; abscess in anterior lobe of left hemisphere, and posterior lobe of right, ditto; one abscess was one and one half inch in diameter.

Case 14, by Hoche. Darkness of left half of field of vision. Left homonymous hemianopsia; left hemiplegia. *Autopsy*:

right occipital lobe almost destroyed by an old apoplectic cyst; a fresh exudation in the third ventricle, and on tract and tuber cinereum.

Case 22, by Westphaal. Left sided convulsions; left hemiplegia; left sided paresis; left homonymous h.; medium contraction of left arm; speech was absent during attacks; sensation of that side of the body not impaired. *Autopsy*: right hemisphere, posterior to left cerebral gyrus, softened. There was an old focus of softening, extending to the temporal gyrus.

Case 21. Sennecon. Patient demented; left paralysis; stammering; arm and hand in contraction; bed sore; left-sided h. *Autopsy*: hæmorrhage, a clot in inferior lobe, extending to the lateral parts; corpus geniculatum flattened, and infiltrated with blood.

Case 33, by Wernick and Hahn. Left hemicrania from youth; pain in left frontal and occipital regions; right h.; dullness of intellect; loss of memory, slight. Pulmonary disease with fever; complete paralysis of lower limbs. Iodide of potassium was exhibited in large doses. Abscess in left occipital lobes; trephining was performed by Hahn, through the parietal bone; dura mater tense; cerebral pulsation absent; pus came, normal in character. The pulse improved; carbolyzed water was applied, with two drainage tubes. *Autopsy*: miliary gray tubercles; the abscess extended into the left lateral ventricle; no meningitis.

Case 34, at Breslau Parasthesia; a feeling like hot water running down the right side of face; choked disc; slight exophthalmos; cranial percussion not painful; severe headache in left occipital region; left ear flushed. *Autopsy*: cystic sarcoma, occupying the whole of the occipital lobe, containing yellowish serum, of the volume of an orange; extending to inferior parietal gyri.

Case 37, by Richter, at Dodderf. Left eye and hand weak; left homonymous h.; pupil round; three clots in cerebrum.

Case 38, by Schmaltz, at the Dresden hospital. Right hemioopia; right hemianæsthesia; left hyperæsthesia; left hemiaopsia; taste uncertain. *Autopsy*: external yellow softening, with a yellow focus; most destruction in the occipital lobe.

Five traumatic cases. Lesion limited to the hinder brain was exemplified in a case exhibited to the society; the patient, a man wounded at Antietam by a minie ball. Vision of right eye deficient; right lateral h., with a division of the vertical line; the tongue deviates to the right; no anæsthesia; uses

the left hand; he sees on the right side; his memory is now good; no amnesia of words.

There was a case of h. that was considered hysterical; and cases mentioned of lesion of the cortex of the occipital lobe, and of the underlying tissue. In one case, there was an approach to double h., i. e., complete blindness; mentioned by Huguenin of Zurich.

Conclusions.—We may see lardaceous diseases of the brain—loss of lateral caudal parts of the thalamus—lesion of white substance of occipital lobe, with hemianopsia, or 'with hemianæsthia.' There may be, fourthly, lesion of the angular gyrus. (5) Embolism of the sylvian arteries. (6) Lesion of the cortex of the occipital lobes, causing blindness. According to Exner, the center of sight is in the occipital lobes. (7) Lesion of the cuneus on one side, causing hemianopsia of the opposite side.

The locations of lesion in these 13 cases, being shown in India inks, and superimposed on each other, causes an accumulation of color; this shows more color over the cuneus and the occipital apex, and only a slight coloration over the parietal lobes. Ferrier has observed lesion of the gyrus angularis. Grasset insists upon a *third* decussation, in the colossal fibres. Monakoff has made observations. The optic fasciculus of Gratiolet extends to the mesial aspect of the optic lobe and cuneus. Lesions will deaden the half of each eye. Lateral h. will be caused by lesion of the opposite side, or chorea and hemiplegia. Lateral h. with typical hemiplegia can be caused by lesion of the middle cerebral cortex; also by embolus of the Sylvian arteries. Lateral h. without motor symptoms may be caused by lesion of the cuneus alone, or of the gray matter surrounding it.

DISCUSSION.

DR. POOLEY.—I have had a case which I think was caused by syphilis. There was scotoma; sudden blindness came on for a few moments, causing dimness of vision on the left side; left homonymous hemianopsia, extending almost to the point of fixation of each eye; left eye 22-100; right eye 20-20, or perfect vision; no neuritis. Improvement was effected after large doses of iodide of potassium, such as 3; three times a day, for a week, the visual field being increased. I hope for permanent improvement.

DR. STARR.—Desmanges mentions a case where a total cure was effected by anti-syphilitic remedies. Patients usually think and state that *one side* only is effected. Carefully made autop-

sies will be of more value to us than physiological experiments. Thirty years ago, Weir Mitchell mentioned a case in which the posterior occipital lobes on both sides were affected, causing blindness; no choked disc.

The discussion was closed by Dr. Seguin, who did not think that hemianopsia was caused by syphilis, but by embolism or tumor. Dr. S. presented a specimen where the brain showed an abscess cavity.

CONNECTICUT ECLECTIC MEDICAL SOCIETY.

PRESIDENT GEORGE ANDREWS, M. D., IN THE CHAIR.

[Reported Expressly for Eastern Medical Journal.]

The above Society held its 30th semi-annual meeting at Hartford, Oct. 13. There was a full attendance. After the routine business had been accomplished, the following very interesting papers were read:

“Specific Treatment in Dysentery,” by F. H. Williams, M. D.; “Fistula in Ano,” by J. A. Hutchinson, M. D.; “Hernia,” by J. S. Stillman, M. D.; “A Case in Practice; Was it Cholera?” by C. N. Gallup, M. D.; “A Code of Ethics for Physicians and Druggists,” by J. D. S. Smith, M. D.; “Metastasis of Parotitis, with Cases,” by C. N. Gallup, M. D.

The meeting was one of the most interesting and profitable the Society has ever held. Ten new members have been added during the past year.

The Society should be congratulated for its growth and prosperity.

Cholera Statistics.

Spain, from September 26 to October 5.			Palermo, from Sept. 27 to October 5.			Parma, from Sept. 27 to October 4.		
	NEW CASES.	DEATHS.		NEW CASES.	DEATHS.		NEW CASES.	DEATHS.
Sept. 26.....	209	521	Sept. 27.....	84	164	Sept. 27.....	6	6
" 29.....	552	213	" 28.....	159	89	Oct. 4.....	19	9
Oct. 4.....	275	112	Oct. 4.....	146	70			
" 5.....	291	103	" 5.....	135	151			

At Ferrara on Sept. 27 there were reported nine new cases and two deaths.

Medical Items.

—APPOINTMENTS IN THE INTERNATIONAL CONGRESS. The organizing committee met in New York, in secret session, Sept. 3, and appointed officers and chiefs of sections. The names are merely a repetition of the names of those persons usually seen in the meetings of the old code society at Murray Hill Hotel, N. Y. The prominent new code specialists are left out.

—STATUES TO EMINENT FRENCHMEN. In one week in the month of July, statues were erected to Voltare, Beranger and Pinel, the celebrated alienist.

—DENTAL CARIES IN MORPHINE HABIT. Dr. Combes states that rapid dental caries and falling out of the hair may occur in persons victims of the morphine habit.

—HYPODERMIC INJECTIONS OF QUININE IN MALARIAL FEVERS. It is claimed by Dr. Scudder that one or two injections break up malaria for the time, if there is no new exposure. Malaria is easily taken on Indian hills below 5000 feet.

—GRAMMES AND GRAINS. A gramme being equal to about fifteen grains, mistakes should be carefully avoided in writing prescriptions. Mistakes have been committed, therefore the words should be written out in full. A better way still would be to have nothing to do with grammes.

—WORDS OF COMFORT FOR THE "EASTERN." Prof. Joseph Adolphus, of the *Georgia Eclectic Medical Journal*, thus closes a letter to us: "I cannot close this without congratulating you on your plucky venture and enterprise. I most heartily wish you success with the fortnightly."

—CONSANGUINEOUS MARRIAGES.—In the *N. Y. Record* of September 26 it is noticed that statements are very contradictory concerning the physical condition of the offspring. However, it is noted "that if there is any morbid tendency in either parent, there is great danger of its being intensified in the children."

—BONE NECROSIS AFTER VACCINATION.(?)—Two cases of multiple necrosis were related at the N. Y. Pathological (*N. Y. Rec.*), which *followed* vaccination; pus flowing from abscesses for two years. But it was not contended that this serious condition was the result of the vaccination.

—BILIARY CALCULI.—A case was related in the Surgical Society of Paris, (*N. Y. Rec.*) of a woman with right femoral hernia, who expelled per rectum 25 calculi. Another patient, whose gall-bladder contained one large stone, died.

—RENAL CALCULUS.—Successful nephrectomy was performed by M. Le Dentu, for the removal of a large calculus (*N. Y. Rec.*)

—CHOLERA BACILLUS.—The *N. Y. Record's* Paris correspondent writes that very little light has been thrown on either the etiology or nature of cholera by Bouchard or Koch. "What the microbe is, or what part it plays, is as obscure as ever."

—TEETH IN A FŒTUS.—Two cases are related in a German exchange where the children were born with the two lower centrals.—*N. Y. Record, Oct. 3.*

—L. F. WARNER, M. D., of Hotel Pelham, Boston, speaking of Geddes' Extract of Hemlock Bark, says: "I am using it in my practice and find it an excellent remedy for the diseases for which it is indicated."

—SMALL-POX IN BOSTON.—A case of confluent small-pox at the South End, was reported to the Board of Health, Oct. 12. The patient has been removed to the hospital, the house fumigated, and all the inmates vaccinated.

—EDWARD C. HUSE, M. D. Ph. D., of Rockford, Illinois, writes to J. A. Magee & Co.—Gents: Unsolicited by you or any one else, but acting from a conviction of urgent duty towards my fellow men, and a sense of obligation as a physician, I desire to put on record the sterling and wonderful merits of your Emulsion of Cod Liver Oil. A sample has set on my office table five (5) months, unchanged, and is as sweet and pure as a dewy rose. The taste is perfection, the quality beyond criticism. Never have I seen fat and strength follow any remedy like this. It is so much above all other Emulsions, and I am familiar with all of them, that there is no comparison. I have practiced medicine in this city nineteen (19) years and am a graduate of Harvard ('56) and of the College of Physicians and Surgeons, N. Y. ('66). I consider you a benefactor of humanity and trust you will put this invaluable boon in every home in this broad land. P. S. This letter I wrote some four months since and failed to post. My views remain the same as ever on the subject.

EASTERN MEDICAL JOURNAL

— OF —

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VOL. IV.

WORCESTER, MASS., NOVEMBER 1, 1885.

No. 14.

Treatment for Gonorrhœa in the Female.

BY A. E. CURRIER, M. D.*

The most important point is a wise and judicious prophylaxis. We tolerate prostitution at an enormous sacrifice, leaving out the moral aspect of the question.

We should *avoid* it, instead of *seeking* it; there should be a governmental licensing system and medical policing, combined with suitable hospital accommodation. Corrosive sublimate and other germicides may be used; but these are dangerous remedies to be left in the hands of ignorant persons. The treatment must be directed against the vitality of these cocci, to stopping the discharge, inducing a healthy condition of repair, and of the nerves.

EXPERIMENTS. Gonorrhœal pus has been placed in gelatine water and meat peptone, also cultivated in blood serum, threads being drawn through; subnitrate of bismuth and acetate of alum had no effect on the cocci. Nitrate of silver was employed in the strength of 2-100; this was adopted by Crede years ago. Nitrate of mercury, 1-15000, retarded the development of cocci; 1-1000, destroyed their vitality. Solutions of mercurial salts in glycerine are especially effective. Chlorine and iodine have been used. Tannin in glycerine is effective. Carbolic acid, 5-100, destroys life in ten minutes. Thymol, in alcoholic solution, killed, but alcohol alone did not. Creasote, 5-100, was effective. Copaiba and cubebs were harmless on the cocci, but these induce characteristic changes in the general system.

*From a paper read before the Medical Society of the County of New York.

Oppenheimer uses creasote, sublimate or nitrate silver. We must take into account idiosyncrasy, and that experiments outside the body are not identical with what takes place inside. Clinical experience is more important than experimental work. Salicylic acid can be used. An effective application is subnitrate of bismuth in glycerine. Tampons of eucalyptus and iodoform have been used. Alkaline drinks should be prescribed. One drachm of iodine may be placed in one ounce of glycerine; this modifies the secretions. When Bartholini's glands are involved the knife or cautery may be used to lay them open. When the Fallopian tubes are diseased, recourse can be had to abdominal section. Some think gonorrhœa is incurable. Bumm thinks it is susceptible of cure if the area of injection is moderate and on the surface. I think that the affection depends on the activity of the cocci.

[For Eastern Medical Journal.]

Inflammation of the Kidneys.

Mr. L. D., married, has been suffering for a number of years with pain in the kidneys, frequent desire to urinate in the day time, and obliged to arise several times during the night, is also troubled with rheumatism, general health poor, being unable to do a satisfactory day's work. Believing a kidney alterative to be indicated in this case, I prescribed Lambert's lithiated hydrangea, in one drachm doses, three times daily. After taking eight ounces, patient reported general health improved, voiding urine less frequently, and pain in the kidneys somewhat abated. Ordered the lithiated hydrangea continued in same dose as heretofore, which was kept up for one month, when the patient reported pain in the kidneys had ceased, resting well at night, rheumatism entirely subsided, and able to do a good day's work, his general health being better than he had enjoyed for years. The action of the lithiated hydrangea in this case has been so satisfactory that I shall not fail to make early use of this compound when other suitable cases present, M. S. O'BRIEN, M. D. LAFLIN, Mo.

[For Eastern Medical Journal.]

Compound Tonic Mixture.

EDITORS EASTERN MEDICAL JOURNAL:—I have, in my book of formulas, one for a "Compound Tonic Mixture," that I prize very highly, so much so that I have my druggist keep it prepared in order to fill my prescriptions promptly. I often prescribe it; discriminating as to case, and am not often disap-

pointed in the results derived. I know not who the author of the formula is, but believe you will confer a favor by publishing it, for the benefit of young practitioners.

I will speak of it at this time only in connection with that dread disease, diabetis melitus; I prescribe it in one-half drachm doses, three or four times a day. In connection with this, I have the patient drink freely, a tea—made from the *Lycopus Virginicus*; this—with proper restrictions in diet—I have cured cases that have baffled the skill of noted physicians of other schools.

The following is the formula, which any druggist can prepare.

℞	Ferri Sulphas, -	-	-	-	-	3 ss
	Soda Phosphate, -	-	-	-	-	3 iij
	Sulph. Quinine, -	-	-	-	-	grs. lxvi
	Ar. Sulph. Acid, -	-	-	-	-	qs
	Dil. Phos. Acid, -	-	-	-	-	℥ viij
	Strychnia, -	-	-	-	-	grs. iiij
	Sach. Alba, -	-	-	-	-	℥ viij

Dissolve Iron in ℥ ss boiling water, dissolve soda in ℥ j boiling water.

Mix the two solutions and wash until the iron is tasteless. Dissolve the quinine in ar. sulph. acid, add 3 ij of Water. Precipitate with aquæ ammonia, after which carefully wash.

Dissolve the sulph. iron and quinine thus obtained, and strychnia in dil. phos. acid, then add sugar and dissolve without heat. Bottle and keep from the air and light.

Dose: 20 to 30 drops.

GEO. COVERT, M. D.,

CLINTON, Wis.

Progress of Medical Science.

From New York Medical Record.

REARING PREMATURE CHILDREN. Prof. Tarnier, of Paris, uses the couveuse at 86° to 98° F.; the younger the infant the higher the temperature. Milk is also injected through a stomach tube; though not in excess, as the infant becomes then swollen by hypernutrition. Selerena disappears.

MALARIAL skin affections are written on by Dr. de Lucy. [At present almost everything is attributed to malaria. ED.]

EVILS OF CIRCUMCISION. This operation, as well as phymosis, sometimes causes eccentric disturbances, through local irritation and deposit of retractile dermoid tissue.

ARSENIC ACID is recommended as an antiseptic in the *Gazzetta Med. Ital. Lombardia*.

INTRATRACHEAL INJECTIONS. Dr. Pernice finds that in the supine position, solutions injected drop by drop, do not produce coughing, and are completely absorbed. *Il Movimento.*

URINARY RETENTION IN A CHILD SIX MONTHS OLD. M. Arnozan relates a case in *Journal de Medicine de Bordeaux.*

NASAL POPUPUS IN A CHILD 4 1-2 MONTHS OLD. A case is related in *La Revue Medicale.*

FATAL TURPURA was observed in young children, attributed to bad street surroundings. (Dr. Guelliot, in *Annales de Dermatologie.*

DUODENTAL ANCHYLOSTOMA, caused by a toothed parasite was discussed in the Berlin Society of Internal Medicine; this same parasite causes various kinds of anæmia. Worm medicines may be given.

ABORTIVE TREATMENT OF TRICHINOSIS. Glycerine is recommended, as tending to shrivel the trichinæ by depriving them of water. (Gottlieb Merkel.)

INTRA-PARENCHYMATOUS INJECTIONS IN PNEUMONIA. This plan has been successfully employed by Lepine (*L'Union Medicale.*) he using aqueous solutions of corrosive sublimate.

DEEP MASSAGE OF THE ABDOMEN IN INTESTINAL OBSTRUCTION. Dr. Kriviakin, (*London Medical Record,*) has successfully put this plan into practice into what would seem to be fatal cases; the symptoms being constipation of eight days duration, fecal vomiting, and obstinate hiccough.

DISTRIBUTION OF THE BLOOD IN THE SYSTEM. Dr. Spehl has instituted a series of investigations on this subject; among other results, he notes that the brain contains 1-8 of the total mass of blood in the waking state, and 1-12 during sleep. *London Record.*

THE Paris correspondent of the London *Lancet*, (October 3) writes: "For some time nothing has been heard from Dr. Ferran and his inoculations, but, according to a letter published in the *Semaine Medicale* of last week, the whole of the population of Cambrils is up in arms against the deputies of Dr. Ferran, who were sent thither to practice the so-called anti-choleraic inoculations. It would appear that before these inoculations were commenced there was not a single case of cholera in the town, but from the day they were put into execution to September 11th eleven deaths from cholera took place, in five of which the persons were inoculated; these five persons were the first victims to the disease, and consequently the conclusion was drawn that these first cases had by contagion determined the

disease in others. Moreover, among the inoculated several cases of gangrene of the arm were observed, and it is stated that in Cambrils alone amputation of the arm, sometimes both arms in eleven persons that have been inoculated had to be performed. The panic which reigns among the population, particularly among the inoculated, is said to be indescribable; and I am afraid that unless Dr. Ferran can produce bonafide cases to prove the efficacy of his inoculations, his position will be far from enviable."—*New York Post*.

(From New York Medical Record.)

—HYDROBROMATE OF HYOSCIN is advocated as a hypnotic; we do not perceive any advantage over the older established hypnotics. [ED. EASTERN.] It is also claimed to be mydriatic.

—MAGOTS IN THE HEAD often occur in Texas from eggs deposited by flies in the ear and nose; the cases are exceedingly fatal. We would rather rent Texas, and live—somewhere else, coinciding with Gen. Sheridan.

—CONSULTING PHYSICIANS. Some very weak doctors have been writing to the journals that consultants take away their cases: well, next time, take away theirs *if you can!*

—"NICKEL PLATED CORPSES." In Paris, corpses are now covered (galvanically) by nickel, or any other metal.

—"ARTIFICIAL CONCEPTION." In Paris, at the other end of life; this has been proposed in a thesis.

—NERVE STRETCHING FOR LEPROSY has been successfully performed 32 times in Cashmere, by English doctors.

—"EATING GLASS FOR A LIVING." A peculiar case is related, where the exhibitor chews the glass, and "has daily passages of glass through the bowels."

—HYDROCHLORATE OF COCAINE is now being largely used in place of other anæsthetic measures. Some claim that it controls involuntary fibres in the pharynx better than other agents.

—HAY FEVER. Every week we see a new remedy.

—INTERNATIONAL CONGRESS. The new code journals are wasting very valuable space in discussing what the old-timers have done, are doing, and will do. Let the old-coders alone, and they will go home, taking their tails behind them.

—BROMINE AS A DISINFECTANT. A bottle of bromine left in a closed room with the stopper out, destroys all infection and insect life. More effectual than burning sulphur.

—ACCOUCHMENT BY FIREARMS. The native custom in Algiers, in tedious labors, is to fire off a musket near the accouchee's ear.

EASTERN MEDICAL JOURNAL.

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109 E. 35th St., New York.

WORCESTER, MASS., NOVEMBER 1, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editors, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

The Exact Value of Vaccination.

People are surprised, when persons both take variola, and die from it, after having been vaccinated. In a recent number of the "Eastern," we stated that vaccination was not so valuable during a severe epidemic of variola, as in times when no such sickness raged. Vaccination does keep a great many from taking small-pox, but not always; in the latter case, the sickness is called varioloid, as it also is after a previous attack of variola. In the *N. Y. Herald*, of Oct. 17, it is stated that 36 people out of 197 who were vaccinated, in Montreal, died. All the matter used in Canada East is sent from the United States; likely, some of it is not reliable, as has been noticed in the *Canada Medical Record*; so much so, that that journal advocates the establishment of a reliable vaccine farm in the vicinity of Montreal. It was also stated in a recent number of the "Eastern," that in the epidemic of 1838, 31 died out of 297 who were vaccinated.

The Montreal Board of Health.

The singular announcement is made that a doctor from Providence, R. I., has been called to preside, and take absolute control of health matters in Montreal, during the present epidemic of variola. Montreal possesses competent doctors who are perfectly able to cope with this question, but who likely do not wish to act in opposition to the known wishes and feelings of the French-Canadian population; therefore, as a compromise, a stranger is called in. It was also stated in the *Record*, that it would likely take two years to eradicate small-pox from Montreal. Such a statement would be considered strange in New York, but the statement was, no doubt, scientifically made, in knowledge of the difficulties to be encountered with the disgraceful and ignorant prejudices of the French element.

Small-pox has always raged with fatal virulence among the Indians, who were not vaccinated: this fact should be impressed upon the French-Canadians.

At first sight, it seems incredible that the Montréal Board of Health cannot enforce its regulations, but we must remember that Montréal physicians depend largely upon the French element, and are more or less interwoven with it.

Superstition in the Nineteenth Century.

There is an old saying, as good now as it always has been, that "All the fools are not dead yet." This adage can now be freshly applied to the public acts of the Catholic hierarchy in Montréal. When our leaders and so-called advisers, in different capacities, are ignorant, the state of things is not promising; but when in addition to ignorance, idiocy is displayed, it is truly time to bestir ourselves and radically change the order of things. Since the appearance of variola, the Catholic hierarchy have held public ecclesiastic processions in Montréal, as well as ordered public prayers. We were not aware before that images and incantations were going to be added to the list of germicides.

In the *N. Y. Herald*, of Oct. 17, is an account of the status of Saint Roch in matters of contagious diseases; considering the obscurity surrounding Koch's cholera bicillus, we earnestly advise Koch to say a prayer to Roch, begging to be set straight on that subject. It seems that the Montréal bishops even led the bench and bar to the St. Roch prayer meeting. The legend of St. Roch is believed by the Montréal people—his pictures are sold—and the bishops and priests are not ashamed to countenance such iniquities.

International Congress.

We have offered two suggestions as to the feasibility of organizing for the reception of the next International congress on our soil. I. That the general officers, and the officers of sections be *voted* for; II. that a *separate* national organization be completed and officered. The disadvantage of this latter method consists in its being decidedly *sectional*. This latter plan is now seriously advocated by the *N. Y. Medical Journal*; we think that this latter suggestion is unfortunate, and will tend to lower us in the estimation of foreigners.

Perhaps a third, but negative plan would be the best, viz:—let this next time pass over, and have the congress meet in Europe; by the time the succeeding congress is to meet, we shall

possibly be enabled to so conduct our deliberations and acts, that they will not cause universal laughter and contempt.

The EASTERN is an independent journal; consequently, we will call attention to the absurd nominations for general officers made at the Murray Hill Hotel; the nominees, in general, are men of no reputation whatever, not even in their own city.

Medical Superstition.

In the "Eastern" of Oct. 1, appeared an editorial on the mind cure which is now making converts in the Eastern States. In the *Record* of Oct. 17, appears an editorial on "Mind Cures." It is incredible that reputable medical journals should be obliged to fill space noticing such nonsense.

A day or two since, the *N. Y. Herald* contained an account of how a Catholic bishop carried a chestnut about him to prevent rheumatism! What is the use of our 19th century civilization and science, when such flagrant instances of stupidity are rife, among the classes that are supposed to be educated?

As to the people paralyzed, and throwing away their crutches, in a shrine, or in a quack doctor's rooms,—these persons are nothing but decoys, and no doubt form part of the plant.

Cholera.

The *N. Y. Record* of Oct. 10, contains an editorial condensing the results of the Berlin conference on cholera. The chief remark made was by Koch, that if railroad connection was effected with India, England would be only eleven day's distance. We think this fear perfectly groundless, as a shorter quarantine is imposed at Yeddah on Mecca pilgrims, who come by steamer, than overland pilgrims.

On account of the never-ending opposition of England to a railroad to India, or even across either European or Asiatic Turkey, there will be no fear yet-a-while on that score. At the time of our civil war, local railroads were built through India to the sea-board, to transport cotton, which was then planted to the exclusion of cereals in many parts, thus causing famine. This was a selfish measure to enrich Manchester capitalists. The only chance of a through railroad will be after Russian occupation of Constantinople, which now seems imminent.

Worcester as a Centre.

A few days since, it was stated in an editorial in the *N. Y. Herald*, that formerly Lowell held the position of third city in New England; but that now Worcester occupied that position,

Lowell being fourth. Worcester probably occupies the first position in regard to manufactures, although Boston has a larger population, it has lost its commerce, and, like Nantucket, lives on past memories. Its citizens, from *esprit du corps*, give heavy donations to Harvard; but as good centres of learning are now being developed in other states, Worcester occupies a better geographical position as a commercial centre than any other point in New England; finally, it is the distributing point of Canadian immigration to the Eastern States.

In 1858, Worcester ranked eighth in the list of New England towns, as regards population; as we said before, it now ranks third.

We have been asked by some people, why the 'Eastern' is published in Worcester: the lines above we think are a sufficient answer.

Continuing the investigation of the census, a singular fact is elicited, that in 1878, seven years ago, the population of Lowell and Worcester were almost equal, that of the former being 49,688; that of the latter 49,317.

Business.

A great saving of time and labor may be made by the physician, by using Leonard's Physician's Pocket Day Book. This book exhibits, at a glance, under date of occurrence, every visit, whether day or night, including the daily cash account and obstetrical record. It is 4 by 7 1-2 inches in size, bound in full maroon-colored Russia, with flap, pocket, pencil-loop, gilt side strap, red edges. Physicians using this book are delighted with it. The regular price is \$1.00, but, in order to increase the subscription list of the JOURNAL, we will present this book *free* to all *old or new subscribers*, who will remit us one dollar for 1886. See advertising page elsewhere.

Society Proceedings.

N. Y. Academy of Medicine.—*Neurological Section.*

Meeting Oct. 9, 8.30 P. M. Dr. Putzel, Chairman.

[Reported Expressly for Eastern Medical Journal.]

Dr. N. Gibney read a paper on large doses of iodide of potassium in corrosive myelitis, caused by Pott's disease. In 1878 he read a paper on 58 cases before the Neurological Society, at which time there was no literature on the subject of large doses. Pseudo neuralgia was seen in many forms in these cases; impaired nervous elements; osteitis of the vertebral bodies; the ligaments involved; dura matter changed; vegetations on external surface of vertebræ, with thickening of spinal dura mat-

ter,—all of these constituting inflammatory process. The cord becomes compressed; sclerosis of posterior columns; afterwards in the lateral and anterior columns.

Michland has stated that in angular deformity, myelitis is the rule; this may precede paralysis. Spontaneous recovering militate against the idea of tuberculosis. I have tried the classic treatment in these cases, of fixation and traction, plaster casts and iodide of potassium in moderate doses, but I have no confidence in them, either singly or in combination. My attention was called to this drug by a paper by Dr. Seguin on large doses of this medicine in other diseases.

Here followed a few cases: an adult whose limbs were paralyzed was cured by large doses, while a child became worse who had not taken bromide of potassium, belladonna, cod liver oil; and had faradism applied. The large doses of the iodide rather caused obesity than thinness. One child became very fat; after being paraplegic, it was cured by taking large doses.

Cases have been cured, that were paraplegic, having lost control of the sphincters, with exaggerated reflexes, with sometimes clonus; after partial suspension, the application of the plaster jacket, and increased doses of the iodide, these patients could then raise and flex the lower limbs, could walk with the aid of a chair; after application of the Paquelin cautery, they would finally recover.

One case is instructive, from having been subjected to both treatments. A little girl four years old had Bott's disease in the upper dorsal region, which came after measles; powerless in lower limbs; spinal tenderness. A steel brace with spring head rest was applied; belladonna was prescribed. There were various paræsthesia, and a sensation of foreign bodies between the toes. Blisters, and spinal decubitus were ordered. There was compressive myelitis; 40 grs. iodide were given *ter die*. This child was cured, and has had no relapse. The mortality of these cases is 10 1-2 per cent.

There is a case of a colored boy, with disease of the upper dorsal vertebræ, who was cured by no other treatment than large doses of iodide after meals.

New York Odontological Society.

Stated Meeting. Oct. 13. W. Jarvie, M. D. S., in the Chair.

[Reported expressly for Eastern Medical Journal.]

This was the first meeting of this Society, in the parlors of the N. Y. Academy of Medicine; consequently Prof. Jacobi, President of the latter, welcomed the Society in a learned speech, of which the following is a summary.

Members of the Odontological Society :—

In the study of the art of medicine, we followed certain rules, not caring from what source they came; the practice preceded the science of medicine for hundreds of years. Leewenhoeck discovered the spiral dental canaliculi; Berzelius conducted the chemical analysis of the tissues entering into the formation of the teeth; Rirkinge also conducted researches in this department. Knowledge of the formation of the teeth begins in the study of embryology; investigations in dental science will be as in medical science, as the researches of Goodysir and Arnold prove. The relation between teeth and disease can now be explained, as can the origin of maxillary cysts, and tumors arising from dental pulps. Cohnheim considers that maxillary tumors have their origin in the improper storage of the embryonic cells. An important study is syphilitic affection of the teeth, although I think Hutchinson has greatly exaggerated its importance—this causing their easily friability and speedy decay; the order of appearance of the upper teeth is changed; there is premature ossification of the cranial sutures; or, the number of the teeth is excessive. In consumptives, the teeth are transparent; certain marks on the teeth are due to disease.

In rachitis, the sutures close later, the teeth are small, soft and easily decay. In some diseased conditions, the teeth of the lower jaw rotate inwards. In the atlas of Weidler and Wedl, is shown ossification of the pulp, and occlusion of the canals in the dentine. There is a connection between the condition of the teeth and internal medicine. It would be advisable to have a knowledge of the teeth and general medicine together. Amaurosis may be caused by diseased teeth. Fatal dental hæmorrhage might be caused by maxillary aneurism, constituting hæmophilia; twelve cases of fatal hæmorrhage have been collected. A great many diseases have been attributed to the first dentition. The pathology of the third dentition has not yet been settled.

In 1595, a curious and superstitious book was published by Jacoby Horst, M. D., entitled "The golden tooth in the Silesian boy." Much of what is practised at present, in dentistry, will have to be stowed away, like that old book. Bacteriology claims an important share in the *physiology* and *pathology* of the teeth; actinomycosis being a subject worthy of attention. Kolliker, Waldyer, Ch., S., Tomes, Leewenhoeck, (1678,) and Lehmann, are noted as scientific investigators of the teeth.

—MUCH ADO ABOUT NOTHING. International Congress.

Obituary.

DR. FRANCIS H. DAEUMER, a famous revolutionist, died recently in Paterson, N. J. He was born in Bohemia and educated at the universities at Bonn and Magdeburg, in the former of which he has a classmate of Carl Schurtz. He received his diploma as a physician from the Supreme Commission in 1840, and devoted himself to the practice of his profession until the breaking out of the rebellion of 1848, when he joined the revolutionists under Hecker, Blun, Schurtz and others. He was taken prisoner, tried on the charge of high treason and sentenced to be killed, together with a number of others. Just before the order for the execution was carried into effect, a respite arrived for two who were to be spared to do menial service about the fortress of Rastadt. Daeumer was one of these, and he and his companion led a miserable life as menial servants. They could not endure the indignities heaped upon them by the royalists, and determined to make their escape, although closely watched. Just as they were crossing the boundaries of the prison they were detected by a soldier, who put a bullet through Daeumer's companion, killing him instantly, and ran his bayonet into the Doctor's thigh, inflicting a severe wound. Daeumer was sentenced to solitary confinement for life and spent four years in the dungeons of Rastadt, Ehrenbreitstein, Preussminden and Julich. He was deprived of all intercourse with human beings and was not allowed to have any books or any article whatever with which to drive away the solitude of his confinement. The only living things he saw were spiders, and these he petted. The wound in his thigh annoyed him a great deal, and he was finally removed to the hospital attached to the prison.

Here he met a college classmate in the attending surgeon and from him received material assistance in effecting his escape. He arrived at London disguised as a sailor, and proceeded to practice medicine. He came to New York in 1857, and shortly after removed to Paterson, where he continued in the practice of medicine to within a few days of his death.

EDWIN CANTON. This name, although not quite so well known as some, will bring back startling recollections to many, as he was often talked about in certain circles in London. He was a surgical authority, and by many was considered to be equal to the first in his profession. The London correspondent of the *N. Y. Record*, states that Canton swallowed poison in the outskirts of the city. A singular thing to remark is that he contributed to a comic paper in London.

Medical Items.

——BIRDS FLEEING FROM CHOLERA. On some occasions birds have fled before the outbreak, and it is stated that carrion birds flee and do not eat the corpses of those dead from cholera.

——MALARIA. Prof. Tommasi Cruledi, of Rome, thinks that the malarial microbe can remain dormant in the earth for centuries, causing malaria when such is upturned. "He does not believe in the prophylactic power of eucalyptus plantations; and claims that arsenic is a remedy which decreases anæmia of patients, while quinine seems to increase it."—*N. Y. Evening Post*.

——ARRAIGNMENT OF AM. ENDE. The defence will be that the physicians did not recognize the cause of the sickness in time, and did not resort to the proper treatment. Dr. Spitzka will appear for the defence.—*Jersey City Evening Post*.

——MASSACHUSETTS DEATH STATISTICS FOR 1884. 36,990 deaths were reported in 1884, a decrease of 758 in comparison with the statistics for 1883, and an increase of but five over the average for the past four years. This shows a decrease in the mortality of two per cent., as against an increase of 26 per cent. in population.

——SMALL-POX SITUATION. The figures to hand show that from Oct. 1 to 25 inclusive, there died in Montreal city, of Catholics, 1,083; St. Jean Baptist, of Catholics, 71; Ste. Cune-gonde, of Catholics, 74; Cote St. Louis, of Catholics, 76; St. Henri, of Catholics, 41; St. Gabriel (approximate), 10.

The total Protestant deaths were 25, making a total for the twenty-five days 1,380. The deaths from the beginning have been as follows:—In April, 2; May, 12; June, 22; July, 84; August, 102; September, 697; October (25 days), 1,380; making a grand total of 2,199 souls are traceable to official carelessness in the first place.

The deaths for Saturday, Oct. 24, were 47, and Sunday, Oct. 25, were 63 for the city districts. Ninety-eight new cases were reported, and 37 new cases verified during Saturday and Sunday.

——"THE HOMŒOPATHIC REMEDY FOR DIABETIS. Extract of sweet pea." [Not bad.—ED. EASTERN.]

——EUCALYPTUS OIL, in ten minim doses, (in gelatine capsules,) four times daily, is an excellent expectorant in bronchitis.

——"WILLIE, WE HAVE MISSED YOU." In Oct. 17 *Record*, undertaker so glad to see doctor returned to town, after an absence of three weeks; when the town suddenly became remarkably healthy.

——WE regret to announce the death on August 28, of

Alonzo Pelton Wood, the oldest druggist in New Haven, and an honored member of the Connecticut Pharmaceutical Association.

—MESSRS. PARKE, DAVIS & CO. have introduced a coca cigarette which, we are informed, is meeting with a very lively demand. They handle also a coca cigar consisting of coca leaves covered with a fine Havana wrapper. These taking novelties are said to afford relief in catarrh and similar affections.

—THE fall session of the Eclectic Medical College of N. Y. opened Oct. 4, at No. 1 Livingstone Place. Prof. W. R. Marsh and Dr. H. E. Hunt congratulated the students upon the prospects for the coming term. Prof. G. W. Boskowitz announced that fifty-three students had already matriculated.

—SMALL-POX PRECAUTIONS AT WORCESTER, MASS. The local Board of Health has decided to adopt every possible precaution against small-pox. In addition to measures already taken, Secretary Coffey wrote, recently to the Secretary of the New Hampshire state board, stating that the Worcester authorities were willing to co-operate with the officials of that state in a plan proposed by them to various New England cities. All Canadians passing through that state from Canada, coming this way, will be provided with an inspector's ticket which will be punched according to a key enclosed, the punch giving all necessary particulars of the traveller's identity and from whence he came. Inspectors will be placed at the railroad station in this city, to receive and examine all such travellers, and their tickets, and in cases where especially suspicious circumstances are connected with them telegraphic warning will be sent to the local board.

—NEW BEDFORD, Mass. The Board of Health will quarantine all vessels from the British provinces on account of the small-pox in Canada.

—DR. ALLARD, chief of the Congo Free State medical staff, will soon publish his views on the climate and resources of the Congo country.

—INDIANA physicians at the last session of the legislature, procured the passage of a law that was to regulate the practice of medicine. The act has been in force since about August 1, and requires a registration fee of \$1.50. A number of physicians who failed to pay their fees, were arrested and fined \$19.05 each. A few pled guilty and paid the fine, but the majority decided that each should plead not guilty and appeal his case to the next term of the criminal court when a test will be made and carried to the Supreme Court to determine the constitutionality of the law.

—WE call attention to advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digestive beef has been solved by Prof. Preston B. Rose, formerly of the Michigan State University, and its preparation attempted on a scale commensurate with its importance. The general agents of this preparation, Messrs. Chapman, Greene & Co., of Chicago, will be pleased to forward samples as per their advertisement.

—H. O. HITCHCOCK, M. D., Kalamazoo, Mich., thus writes to the Electric Medical Battery Co. "I have used in my practice your improved American Pocket Battery, and assure you that I like it very much. For the general practitioner I think it fully equal to the more expensive and costly batteries, and for convenience for use in almost all cases, it far exceeds them."

—CAULOCOREA. I have found this a very valuable remedy in the debilities common to the female, as a nervine, tonic and alterative. The following will illustrate its remedial applications: Mrs. L., aged 46, who had been losing flesh for years past, had suffered loss of appetite, sleeplessness and nervous debility, with indigestion and at times great laxativeness of the bowels, and had tried various remedies with little or no success. At last she was recommended the use of Caulocorea, with good results. Now she has better flesh, improved appetite, and more cheerful mind, and is so much pleased with this remedy that she desires to continue its use. Many other cases might be cited to sustain this valuable remedy, if it were necessary, as it is frequently and favorably alluded to by medical writers. J. J. CALDWELL, M. D., Baltimore, Md.

—E. L. MILLER, M. D., Eaton, N. Y., writes: "I have been prescribing Lactopeptine something more than a year in all cases of digestive diseases and cholera infantum, and in the last named trouble it has proved of inestimable value."

—PROF. DR. R. FRESENIUS, of Wiesbaden, Germany, has made an analysis of Mellin's food for infants and invalids, of which the following is a summary:

Total carbohydrates	-	-	-	-	-	72.56
albuminoids	-	-	-	-	-	9.75
salts	-	-	-	-	-	4.37
moisture	-	-	-	-	-	13.32
						<u>100.00</u>

Starch and cane sugar, none; reaction, alkaline.

—IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc., always mention this Journal.

—DR. H. W. PETERS, of Louisville, Ky., says: I have not unfrequently met with patients whose peculiar idiosyncrasies forbid the use of opium, producing wakefulness, nausea, etc., but recently I have used papine in such cases with the most satisfactory results. I have no hesitancy in commending it to the profession.

—KENNEDY'S extract of pinus canadensis for gonorrhœa, is as much a specific as quinine for malaria. B. W. Sparks, M. D., McMinnville, Tenn.

—IN addition to hydroleine, the well-known and efficient reconstructive agent, Messrs. Wm. F. Kidder & Co., have placed a new preparation upon the market, viz: "Digestylin." Do not delay in becoming acquainted with it. Always mention the EASTERN MEDICAL JOURNAL.

—SEE advertisement of the new preparation, fucus marina, and send for a sample, which will be sent free, if you mention this journal.

—SEND a postal to B. Keith & Co., 41 Liberty street, N. Y., for their revised and enlarged Manual, which will be mailed free if the JOURNAL is mentioned.

—DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada 10 cts. extra for postage. Address 2039 Green street, Philadelphia.

—SEND a postal to Wm. Snowden, 7 South Eleventh st., Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if this journal is mentioned.

—H. G. BATES, M. D., of the U. S. Marine Hospital Service, Southern Atlantic district, N. C., says: "Messrs. Geo. W. Laird & Co. Many thanks for the oleo-chyle received some time ago. I have to say that I find it the most desirable preparation of cod liver oil that it has been my pleasure to prescribe or use during the practice of my profession, now covering a period of 39 years. I have prescribed its use to several of my patients and they invariably speak of it in the highest terms. I have taken it myself for an aggravated attack of Bronchial Catarrh with very gratifying results; further let me add that it is most agreeable to the taste, and is well tolerated by the stomach. I have found it kept in stock by but one of our many excellent druggists."

—DR. I. J. M. GOSS. *Dear Sir:* I have read your Practice, and find it a master piece. I am as proud of it as a boy is of his first pair of pantaloons.—G. T. FESSENGER, M. D., Fairplay, Indiana.

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— OF —
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VOL. IV.

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No. 15.

Diphtheria.

BY I. J. M. GOSS, A. M., M. D.

Diphtheria is now prevalent over a large portion of middle Georgia; and has proven fatal in most instances where it assumed the graver type. This disease is produced by a specific poison in the atmosphere, the nature and composition of which, human senses nor chemistry have, as yet, defined. Its invasion is sudden, and seldom marked by any very distinct premonitory stage. It may prove fatal in forty-eight hours, or it may continue from one to three weeks. Cases that recover usually get better about the first of the second week. All ages are susceptible to this disease, but it is most prevalent among infants and children.

The attack may be very sudden and violent, or it may advance insiduously and slowly. In some cases it advances so very slowly that the little patient is in a hopeless condition before the parents suspect any danger. I was called to a case some years ago, which had been treated by two old physicians a week, yet they had not suspected it was a case of diphtheria; yet the exudation covered a good portion of the tonsils, uvela, and palatine arch, but as they had not examined the throat, they did not suspect that the case was one of diphtheria. In some cases the exudation forms so rapidly that it soon extends down into the trachea, and the child is soon suffocated.

This disease may terminate either by extensive inflammation of the mucous membranes, or by the depressing effects of the poison upon the brain and nervous centres. In some cases there is a stage of premonition, marked by a languid, uneasy and feverish condition of the child, for some time before the

disease sets in fully; and the face of the child may be pale and dejected; and deglutition may be somewhat difficult. And if the tonsils are now examined, they will be noticed to be enlarged, and they, as well as the palatine arch, will be red, and very soon white patches are seen on the tonsils, which spreads to other parts. And now, the child will be apt to complain of one or both ears, and have more or less difficulty in swallowing. Sometimes the ulceration of the mucous membrane of the throat ulcerates rapidly.

The treatment must be very rapid at the outset, which is the only hope of success. In mild cases, which may get well themselves, the chlorides of iron, and potash have been used with apparent success, and so of some other remedies, but to cure a case of the more grave type, the best antiseptics must be given at the start, and constantly continued to the end of the attack. Where the disease is from a systemic poison, or inoculation, yet the local manifestation must also be met by appropriate local means, as a spray of permanganate of potash, 4 to 6 grs. to the \mathfrak{z} , used every one or two hours; or a saturated solution applied with a pencil brush as often. And between the times of using the above, the throat may be touched with a brush or swab dipped in equal parts of alcohol and spirits of turpentine.

Internally, the patient should take 1 or 2 grs. of sulphide of calcium every two hours, and alternate that with the tincture of baptisia tinctoria. If no improvement be manifested in twelve or twenty-four hours, then give 1 to 1 1-2 grs. of the permanganate of potash every two hours, in alternation with the sulphide of calcium, and have the tonsils and palate sprayed with a solution of the compound tincture of iodine, say 1 part to 4 of water, every one or two hours, and at the same time if the lymphatic glands are affected, the ointment of iodine should be applied to them three times a day. If these remedies then fail, the child's throat should be touched with the tincture of eucalyptus globulus every two hours, and 10 to 15 drops given in *sweetened water*, every two hours. Equal parts of iodide of potash, and the chloride of potash is used by some writers, and with good results, say 1 \mathfrak{z} of each, to 6 \mathfrak{z} of water, dose 1 \mathfrak{z} every half hour, so the throat will come in contact with the solution, and the system become saturated with it as soon as possible.

There are a great many other remedies recommended, such as pepsin, to dissolve the exudation, but it is powerless over the disease; then the peroxide of hydrogen is recommended for the same purpose, but like the pepsin, it also is powerless over the poison. Biniodide of mercury is also highly extolled, but I

have tried it, and found it also powerless over the grave form of the disease, and so of the strong solution of corrosive sublimate. Where the ulceration is attended with a nauseous discharge, the iodide of arsenic I think would be valuable, in doses of the 1-15 or 1-20 of a grain.

Quinia is highly praised in this disease, but it has no specific antidotal powers, but aids to keep up innervation and nothing more. It requires the most active antiseptics to meet the poison causing this disease. I have recently had the sad misfortune to find most all of the vaunted *specifics* utterly powerless over this septic condition. I think that sulphur burned in the patient's room occasionally, say every hour, may do good. And if the patient will inhale, from an open mouth vial, the second dec. dilution of bromium, it will aid in preventing the re-formation of the exudation. We have no *specifics* for this disease.

Progress of Medical Science.

ASPIRATION OF THE AORTA.—A case was reported in an English journal which proved fatal. The old-fashioned venesection seems preferable.

•INOCULATION BY MOSQUITOES.—Yellow fever inoculation has been performed by Dr. Finley, of Havana, with one and two mosquitoes. Six out of eleven inoculations were successful, the artificially produced fever lasting the same time as the original fever.

DR. ROBERT BATTEY has performed thirty-two consecutive ovariectomies this year at his infirmary, in Rome, Ga., without a single fatal result.

DR. C. J. PETERS (*Indian Medical Gazette*) reports a case of small-pox in which he aborted the pustules and prevented the secondary fever by the external application of a mixture prepared by boiling four ounces of quicklime and eight ounces of sulphur in five pints of water, until the resultant compound is reduced to three pints. As it is liable to undergo decomposition if kept for three or four days, it should be prepared only as needed, and applied to the vesicles or pustules two or three times a day. Those which were treated in this manner by Dr. Peters did not suppurate, but dried up in a few days. No pus being formed, no secondary fever due to the resolution of purulent material ensued, and the patients soon became convalescent.

A MEDICINE CHEST FOR STUDENTS.—Students of the various branches of the natural sciences soon find, as they progress in their particular study, that book knowledge alone is

insufficient, and is only to be considered as a guide to the practical knowledge which is to be acquired by actual experiments. To the student of pharmacy, especially, actual handling and examining of the various substances included in the Pharmacopœia are an absolute necessity. It is important, therefore, that the student, especially if he pursues his studies at home, should provide himself at the outset with a large collection of drugs, so as to be able to experiment and to acquire the skill in identifying and compounding various substances, which will be required of him later on in actual practice. Unfortunately, a stock of drugs is costly, bulky, and dangerous to leave where ignorant persons can have access to it. Besides, many substances which are absolutely necessary to the student cannot be obtained from ordinary drug stores. It is, moreover, important that all the drugs used should be perfectly pure and of good quality. In order to supply this necessity, Messrs. Parke, Davis & Co., the well-known Detroit pharmacists, have announced their intention of furnishing students a handsome black walnut case, containing no less than 288 specimens of crude drugs of vegetable origin, at the incredibly low price of ten dollars. We feel confident that as soon as this offer becomes known, orders from all parts of the country will begin to pour in on these public spirited manufacturers. Besides an upper tray, the case contains two drawers, and the specimens are put up in neatly turned wooden boxes, marked only with a number, which corresponds to a list furnished with the case, so that the students may acquire practice in identifying the various drugs at sight, without depending on a label. The collection is an excellent one, and cannot fail to be most useful, not only to students, but to physicians and others. Its price is so low that every student of pharmacy or medicine in the land ought to be provided with one. It would undoubtedly be acceptable to many young men as a holiday present.—*Exchange*. [A descriptive circular will be sent to any who will write the above firm, if the JOURNAL is mentioned. ED.]

A FATAL MEDICAL EXPERIMENT.—Considerable attention has been given to an incident which recently occurred. A young medical student, Daniel Carrion, being about to pass his examination for graduation, took as the subject for his thesis the verrugas, or Oroya fever, a disease indigenous to Peru, and of which died recently United States Minister Phelps and Lieutenant Nye, of the United States navy. In order to fully follow the course of the malady Carrion had himself inoculated with the virus from a malignant verrugas pustule some time in the

latter part of August last. One month after this he commenced to experience the first symptoms of the sickness, consisting in violent remittent fever, excruciating pains in all the joints and bones of the body, temperature ranging up to 110, and impossibility to rest or retain food. He did not think he was in danger, for these symptoms are found in the first stages of the disease, when the verrugas, a pustule filled with blood, are concealed in the system. When the pustules appear and they cover the body and face, being sometimes as large as a hen's egg, the danger is past and they either break or gradually dry up. Unfortunately for Carrion his attack was so severe as to prostrate him before the second period—that of the eruption—arrived, and he died in great agony. The police authorities ordered an autopsy to be held, and it was discovered that the pustules were in process of formation. Up to this experiment it had been supposed that the disease had its origin in the water found in the neighborhood of Verrugas, which is a point on the Oroya Railway fifty miles from Lima. Had Carrion survived, the experience gained would have been invaluable to science. His funeral was largely attended by the medical students and the physicians of the capital, while at the same time the physicians who took part in the inoculation are declared by the prefect to be accomplices to a suicide and are to be proceeded against accordingly.

THE Berlin correspondent of the *Lancet* writes concerning a new hypnotic: "Urethan, experimented upon as to its narcotic qualities, first by Schmeideberg on animals, and by Von Jolly on men, forms white crystals, easily soluble in water, inodorous, and of a not disagreeable taste, reminding one of saltpetre. Dr. von Jaksch, after having made several experiments on rabbits, administered urethan 110 times in twenty different cases, and found that even half a gramme of it to one kilogramme of body weight produced no toxic effects. Doses of 0.25 to 0.5 gramme had either no perceptibly soporific effects whatever, or only after repeated administrations; doses of one gramme, however, never failed to produce sleep. Urethan principally acts upon the brain, without perceptibly influencing the excitability of the peripheral sensitive apparatus; hence, as the author concludes from his observations, it proves ineffective to allay the harrassing cough of consumptive patients, neuralgia, and the intense lancinating pains from which persons affected with tabes are so often known to suffer. Urethan, according to the author, seems to exhibit the following advantages over other hypnotics: 1. It agrees with the patient. 2. It has

absolutely no other effects. 3. The sleep produced by it resembles the normal physiological sleep. Dr. von Jaksch is of opinion that urethan is especially suitable for children, drunkards suffering from delirium, and persons subject to fits of mania. The author always administered it without any corrigent. As it easily dissolves in water, sensitive patients may be given a solution of it with the addition of some corrigent."

—WATER SUPPLY IN NEW JERSEY. Many of the chief towns in this state are casting about for an improved water supply; some of them are beginning to consider that joining together for a general source of supply, is preferable to each town selecting its own water supply. The State Water Board has secured the services of Mr. L. B. Ward, as consulting engineer, as regards the proper sources of supply; he preferring that then each town employ its own engineer as regards introducing the water. Mr. W. claims it will have to come to this, which plan will be cheaper in the end and it is to him that this idea is due. He treats a state like a city as regards a uniform plan. We are not capable of forming an opinion as to any advantage this plan may have regarding water supply; it seems to us that the easiest plan is to have the nearest pure source to draw upon. Regarding sewerage, the case is very plain: when cities are increasing, and their confines approaching each other, there should (to avoid contention and unseen difficulties,) be a general and homogenous plan followed, then the sewage can be disposed of in the most profitable manner.

—I CAUGHT two lizards, cut their tails off, and sewed the two tail stumps together; I glued the lizards immovable to the floor so that the wound would remain quiet. The wounds healed, and the two lizards grew together as completely as the Siamese Twins—thus making it possible to unite or combine the *Talliacotion* and *Transfusion*. I think that in certain cases these two operations may be combined with great benefit to humanity. They could be used by growing an animal on to a human subject, or by growing two human beings together.—*John M. White, M. D., in St. Louis Medical Journal.*

—SURGICAL SECTION of N. Y. Academy is now formed, with Dr. Stephen Smith, of Bellevue Hospital, chairman, and Dr. Judson, secretary. There is now established the Krackowitzer prize fund amounting to \$1156.00.

—CHOLERA IN TONQUIN. Since the beginning of the summer, 3000 French troops have died from cholera, and large numbers are still succumbing daily to the pestilence. The mortality hinders the progress of the campaign.

EASTERN MEDICAL JOURNAL.

A. J. MARSTON, M. D., Editor.

WORCESTER, MASS., NOVEMBER 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editor, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Dr. Nelson Resigns.

Owing to other imperative engagements, Dr. Nelson, our New York editor, has resigned. Dr. Nelson may still be counted upon as a friend to independent medical journalism, and only regrets that circumstances have made it necessary to give up his position on the JOURNAL.

Schools of Bacterial Culture.

We have received Montreal papers, giving an account of the opening of the biological laboratories in McGill college; this matter is vaunted to a great extent, and no doubt serves as an advertisement. The fact is, Bishop's college has had a physiological laboratory in operation for some time—the only school in Canada which had that addition. The gist of the speeches at McGill was, that all the education and medical knowledge up to this present time, amounted to nothing compared to what “we are going to do in the biological laboratory, with the assistance of a young man just fresh from Koch.” There is a young man just fresh from Koch in the Bellevue Hospital Carnegie laboratory, in New York; and in two other schools in New York have biological laboratories attached. There will be no doubt, similar laboratories attached to the chief hospitals and schools throughout the country.

The prominent question is, whether the investigation of microbes will be labor and time properly spent. As Dr. Gihon remarked, a “bacterial wave” is now passing over the land. Every twenty or thirty years, a new explain-all theory is promulgated, causing all previously accumulated knowledge to be considered as naught. Humoral pathology, the “inflammation” theory of Brouais, post-mortem anatomical investigations of Heitzman, microbes of Koch, carbolic acid of Lister, inoculations of Pasteur and Ferran, and lastly the alleged discoveries of a host of observers of a special microbe in every disease.

Some time since, the stethoscope of Lacerne, and the micro-

scope were supposed to upset all previous opinions. The thermometer was supposed to supercede all previous opinions. The thermometer was supposed to supercede all previous arbitrary methods of examination. Endoscopes have been made for every aperture of the body. Although no light is superior to that of the sun, the electric illuminator attached to a portable storage battery is supposed to be far in advance of anything yet devised.

The finding of these various species of microbes and spores, (and plenty more will be found,) merely marks another stage of our progress in medical investigation; but that this phase explains the origin of disease is open to doubt. Many now think that ptomaines are the offenders.

The observers who are searching for micro-cocci should be praised for their diligence and self-abnegation, instead of ridiculed. All these labors, massed, assist in forming a more correct estimate of the abnormal conditions, a narrower prognosis, and possibly an easier cure.

Montreal Scourge.

The mortality by small-pox in Montreal is gradually declining, while the disease is spreading over a larger territory in Canada. The abatement is undoubtedly due to vaccination and isolation which have been more vigorously carried out than formerly. The local board of health has received a new code of sanitary laws, issued by the central board of health and confirmed by the government, extending its powers, which will enable it to enforce compulsory vaccination, re-vaccination and isolation under a heavy penalty for non-compliance.

This move is highly proper and ought to have been resorted to months ago, when hundreds of lives might have been saved. But this only repeats the history of epidemics elsewhere; all sanitary conditions neglected, and every thing left at loose ends until the whole populace is in danger of being swept away, then the authorities begin to look about to see what can be done to suppress its progress.

Obituary.

DR. WILLIAM BENJAMIN CARPENTER, LL. D., F. R. S., the eminent English physiologist, is dead. He died from the effects of terrible burns caused by the upsetting of a lamp while he was taking a vapor bath for rheumatism. By the death of Dr. Carpenter is extinguished one of the bright lights in the modern school of physiological science. He was born in Exeter in

1813, and was the son of Rev. Lant Carpenter, LL. D., a non-conformist and a man of varied learning. Though his parents had originally intended that their son should become an engineer, he pursued the study of medicine, for which he evinced a natural bent. He entered the University College in 1833, and two years later passed his examination in the Royal College of Surgeons and Apothecaries, and subsequently pursued his duties in the University of Edinburgh, where he took his M. D. degree in his 26th year. He became a contributor to the *Edinburgh Medical and Surgical Journal*, and among his earlier published papers was one on the "Voluntary and Instructive Actions of Living Beings," in which was laid the foundation of his views subsequently developed and embodied in the work entitled "Principles of General and Comparative Physiology," which saw the light shortly previous to his graduation. After taking his degree he removed to Bristol, and became lecturer on medical jurisprudence in the college of that city. In 1843 he began the publication of "The Popular Cyclopædia of Science." In 1846 he produced the "Principles on Human Physiology," which reached a seventh edition in 1869. In 1854 the fourth edition of his "Principles of Comparative Physiology" was published, and was followed by the production of "Principles of General Physiology. In 1856 he gave to the world a work "On the Microscope; Its Revelations and Its Uses," in which his accuracy and impartiality were ably displayed. Among other interesting papers which he published were several on the fossil forms of the family of foraminifera, with an introductory work for the study of the subject. Among the professorships held by Dr. Carpenter were those of medical jurisprudence at London University College, of anatomy and physiology at London Hospital and at the medical school. In 1849 he gained the prize for the best essay on the subject of "Alcoholic Liquors," published in 1850, and which acquired great popularity among the total abstinence advocates. He was for many years editor of the *British and Foreign Medico-Chirurgical Review*, and at the same time was much engaged on the lecture platform. His more recent labors have been directed to the subject of submarine animal life and the temperature and constitution of the oceanic waters at various points. In 1868-69 he made government expeditions for that object, and the results of his researches were of great value to science. He has passed away in his 72d year.

DR. WILLIAM WORKMAN, for more than forty years one of the leading physicians of Worcester County, Mass., died at his

residence in Worcester on October 17th. He was born in Coleraine, Mass., in 1798, and was graduated at the Harvard Medical School in 1825. He practiced for ten years in Shrewsbury. Dr. Workman joined the Massachusetts Medical Society in 1831. He removed to Worcester in 1835, and continued in active practice in that city until 1869, when he retired. He held numerous positions of public and private trust, and for ten years was a trustee of the Lunatic Hospital in Worcester.

DR. JOHN M. RIGGS, dental surgeon, died in Hartford on November 11th, aged 75 years. He was widely known, having won great distinction in his profession. He was a member of the American Dental Association and the Connecticut Valley Association, has been a clinical lecturer in Baltimore and Harvard, and an invitation from Baltimore reached him just before his death. He was an associate of Dr. Horace Wells of Hartford in experiments with nitrous oxide gas in December, 1844, which led to the discovery of anesthesia. Dr. Riggs extracted a tooth for Dr. Wells while the latter was under the influence of the gas, which led to the further use of the gas for surgical operations, and this discovery was followed by the use of ether and chloroform for the same purpose. Dr. Riggs was also the discoverer or originator of a method of treatment of pyæmia, and his success was so great that the name of "Riggs's disease" has since been used by the profession in describing it. He has stood among the first men in his profession for 40 years. Three years ago he went to Europe and read papers and gave clinical lectures before the International Congress of Surgeons and Dentists in London. He was a graduate of Trinity College. His will provides that his body be cremated. He was never married.

Notices, Reviews.

TRANSACTIONS OF THE STATE MEDICAL ASSOCIATION OF TEXAS, 1885. We have received this pretty volume, sent by Dr. Daniel. A practical vein of thought and action meanders along its pages. The president's address contains many an instructive phrase, although the style is somewhat grandiloquent, a style natural in the newspaper literature of newly settled districts. The papers are all practical, although associations with frontier life are sometimes drawn upon. We will merely extract one paper—that of Dr. Q. Smith. We have held very long conversations with this gentleman in New York, which may assist in writing an intelligent, and it is to be hoped, impartial 'notice' of his paper.

Dr. S.'s ideas on medical protection seem to us somewhat anomalous. He depreciates medical legislation to the physician, assuming that he must depend solely upon his individual merit. On the other hand, he wishes the medical profession thrown open—the more doctors, the better; the public will be the gainer! The doctors are to be well educated, and there being a vast number of them, prices will be low. This seems a Utopian idea. Like ideas that are promulgated, there is often a single motive underlying them; to push the motive, power is attempted to be obtained from twisted ideas. Dr. S.'s motive is the greatest good to the greatest number.

His remarks on the three great periods of learning are more practical, and offer one or two novel lines of thought. He thinks that the chief sovereign in each of those renowned periods, wished, with the government, to enslave learning in its different branches. We assure Dr. S. that those sovereigns thought very little about artists or men of letters; it was the mass of the *people* they wished and *did* enslave. Leo X., beautifying the Vatican and St. Peters' with frescoes by Raphaele, was merely to take the attention of the populace off of his selfish government; the idea of his being a *mœcnes* and protector of the arts is all twaddle. Garibaldi shows this feature up well in his book on Rome, before the Italian occupation. He clearly let us see the iniquitous rule of the pope and his cardinals, during the period of temporal power; how the Roman Catholic church imprisoned fathers and brothers, while wives and sisters were taken into the palaces and debauched. In the meantime gorgeous ceremonies were performed in the churches, where a vigorous profusion of paintings and statuary caused foreign visitors to suppose that the "arts" were intelligently patronized!

BOOKS AND PAMPHLETS RECEIVED.

NEW YORK CANCER HOSPITAL. First Annual Report.

HISTORY OF THE CLAMP SUTURE of the late Dr. J. Marion Sims, and why it was abandoned by the profession. By Nathan Bozeman, M. D., New York. Reprint from Gynœcological Transactions, 1884.

Society Proceedings.

Massachusetts Medical Society.—Suffolk District.

Stated Meeting, November 11.

Dr. S. C. Martin, of Roxbury, read a paper on Vaccination. He considered the inoculation, propagation and preservation of the virus of animals, with a description of the appearance of kine pox and demonstration of the vaccine vesicle upon heifers. To

illustrate his remarks he had a live heifer brought into the hall and strapped upon an operating stand. Points, the speaker declared, should be ordered in small numbers and should be used within a few days. One of the best features of points is the absence of liability of serious complication from their use. The selling of virus should be under public supervision, so that no propagating establishment could dispose of a poor article. Great commercial competition has arisen in the selling of virus, and this does not show a promising state of affairs. The propagation, properly carried on, requires accurate care and honesty. Vaccine virus is not a substance to pass through several hands, and the doctor, therefore, should obtain this article from first hands and not the druggist. The number of points which an animal will yield under the proper treatment is comparatively small, but it would be detrimental to increase them. The method which secures from 18,000 to 20,000 points is a bad one, and the better method, even if not so prosperous, should be carried out. With animal virus properly prepared, the chances for failure or serious complications are very small, but the physicians should be careful to obtain the article from honest and reliable sources and not procure such as may merely be cheap without being authenticated as perfect.

DISCUSSION.

Dr. Abbot of the Health Department agreed with the general views of the former speaker, and especially regarding the necessity of care in bovine vaccination, and of keeping the business in the hands of reputable parties. The prejudice against bovine vaccination in the West and South is due in great part to the fact that doctors live at a distance from the virus supply and in a hot climate. Every moment of delay in using the virus is detrimental. Ivory points are by far the best instruments to use. The use of crusts should be done away with; capillary tubes have an objection. The speaker didn't know whether spontaneous cow pox was a proper term to use, for how could an infectious disease be spontaneous? On account of the spasmodic character of small-pox it is not always profitable to produce the virus, and therefore physicians should support a man who, like Dr. Martin, keeps up the production evenly. Dr. Abbott believed that vaccination could be made thorough so as to be successful in all cases if the doctors proceeded rightly. The anti-vaccinators get their strength from the fact that virus is used which is not fresh. If doctors knew the age of the virus and then used it correctly there would not arise any anti-vaccination sentiment.

Dr. McCullum, City Physician, heartily agreed in the importance of animal vaccination and of having good virus. He never had seen any serious trouble arise from the use of bovine virus.

Dr. Martin added that with animal virus you get a certain intensity of action, a well marked disease lasting 20 to 30 days, while humanized virus lasts but 14 days; the animal virus brings a disease which is a preventive of small-pox, and this the humanized virus failed to do.

The evening discussion closed with the consideration of a paper by Dr. E. W. Cushing of Boston upon "The Specific and Infectious Character of Tuberculosis," with exhibition of the bacilli of tuberculosis and those of malignant pustule (anthrax), and a paper by Dr. Vincent G. Bowditch upon "A Case of Phthisis, with numerous bacilli; complete arrest of the disease."

THE annual meeting of the Worcester County Homœopathic Medical Society was held Nov. 11, Dr. Charles L. Nichols of Worcester presiding.

The election of officers resulted as follows: President, Dr. O. W. Roberts, of Ware; Vice-President, Dr. N. W. Rand, of Monson; Corresponding Secretary, Dr. G. A. Slocumb, of Millbury; Recording Secretary and Treasurer, Dr. E. R. Melius, of Worcester; Librarian, C. Otis Goodwin, of Worcester; Board of Censors, Drs. Brick, Warren and Spencer.

Dr. O. W. Roberts, of Ware, presented a paper upon "The use of Chloroform in Normal Labor." Dr. A. M. Cushing, of Springfield, presented an exhaustive paper upon the causes and treatment of leucorrhœa. Questions of an allied character occupied considerable attention, and the free interchange of opinions was general and profitable to the members.

Medical Items.

—A RAID is being made in New York, on questionable rubber goods. Nine druggists, drug clerks, and other dealers in these goods in that city, and one in Brooklyn, have recently been arrested on the charge of violating section 317 of the penal code, which provides against the manufacture or sale of articles designed for indecent or immoral use. Two Broadway cases coming before the Court of Special Sessions received respective fines of \$25 and \$100. A manufacturer of the objectionable goods intends to contest the case. The fact that a certain article manufactured for illegitimate purposes can be used for the prevention of disease will not be accepted as an excuse for its sale. The charge of smuggling, says Mr. Cumstock, has

not been made in any of these cases, though it might have been in one or two. While some may claim that the methods of this energetic official in employing spotters, informers, and the like to buy the goods in question and arresting men for selling under these conditions, without giving any warning, are not dictated entirely by the best motives, it is evident that the penal code renders the sale of the objectionable articles illegal.

—VARIOLA IN MASSACHUSETTS.—This Commonwealth should exercise a careful supervision on Canadian immigration, especially in the case of factory hands.

—WARD IN SING SING.—At the doctor's examination, Ward stated "he had no broken bones, had never had variola, and had been vaccinated."

—SUBSCRIBERS OF EASTERN MEDICAL JOURNAL not only get the most wide awake fortnightly journal published, but have their choice of three valuable books *free*.

—A LAW has just gone into effect in New Hampshire which imposes a fine of \$20 on the dealer who sells cigarettes to boys under sixteen years of age.

—APOPLEXY. A boy, in Ireland, refused to eat apples, saying that his father died of apoplexy.

—BLUE CHROMIDROSIS was mentioned in connection with a case, in the Paris Academy of Medicine; blue tint came off of the eyelid on a handkerchief.

—THE NATIONAL WHOLESALE DRUG ASSOCIATION held meetings in Philadelphia, Oct. 20, 21, 22 and 23.

—LIVE TO FIGHT ANOTHER DAY. A doctor told a mother, "no use of my coming again, the child will die." A year after, mother came into office with a child. "What child is that?" Mother: "Why, the child you said was going to die: do you know, doctor, the child began to mend from the very day you ceased your visits." Doctor: "Well, never mind, now what is the matter with you?"

—CORROSIVE SUBLIMATE in antiseptic dressings, has in the last 18 months, caused obstinate diarrhoea in 11 cases.

—SIR JAMES PAGET, who has traced the fortunes of 1000 medical students, finds that 23 of them achieved distinguished success, 66 had considerable success, 507 made a living, 124 had very limited success, and 56 failed utterly. The rest either died or abandoned the profession soon after entering it.

—BUNION SHIELDS are said to be in great demand for the protection of vaccination scabs. Happily this novel use of the shield is calculated to afford relief to the dealer's pocket as well as the purchaser's arm.

—MAINE PHYSICIAN DEAD. Dr. Henry Harlow died on the 9th inst., after a short illness, at the Maine General Hospital, where for the last year he has been one of the assistant physicians. He was 26 years of age, and a graduate of the Harvard Medical School.

—CREMATION societies have been formed in eighteen cities in this country, and in Pittsburg and Milwaukee undertakers propose to erect private crematories as a profitable adjunct to their business.

—MRS. GORGE VANNES, of New Brooklyn, near Plainfield, recently gave birth to four children, two boys and two girls. The babies are all doing well, and New Brooklyn, in its pride, proposes to give them a public reception when they are old enough to stand it.

—JACOB S. PHILLIPS, M. D., 11 East 58th St., N. Y. City, says: I beg leave to recommend Celerina as an excellent restorative after alcoholic excess; an aphrodisiac of exceptional merit, and an anti-spasmodic in hysterical manifestations and other functional nervous disorders.

—LACTOPEPTINE is a remedy which is constantly gaining in favor with the profession. Our own experience with it has been most satisfactory. In the summer complaint of children we have used it with excellent results. Indeed, we have found it very valuable as a preventative of this affection. We frequently order it, with this object in view, and we believe that our expectations have been realized.

—THE Governor of Michigan has requested the Marine Hospital authorities to resume charge of the small-pox quarantine against Canada, which service was discontinued a short time ago, when the State appropriations became unavailable.

—DR. EUSTACE SMITH, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

—DR. W. H. THOMAS, Steele's Tavern, Va., thus gives his experiences with Caulocorea: My wife has for years suffered intensely with dysmenorrhea. Every time of menstruation she almost suffered death. It was just one week before her regular time when your Caulocorea came to hand. I gave her table spoonful doses three times a day up to the time. That time was passed by without a single moment's suffering, something that had never occurred before since she began to menstruate. During the week prior to her next sickness, through carelessness, only five or six doses of Caulocorea was taken. That time was

also passed over without the least pain. I consider Caulocorea the remedy above all others in dysmenorrhœa. I shall continue to use it in my practice, and I feel sure it will not disappoint me. I thank you for the great favor to the profession and suffering women by the introduction of Caulocorea.

—HAVING used for some time the Improved American Pocket Battery. I am free to say that it is the best battery of the kind I have ever used or seen, and answers all the purposes in ordinary practice of the more costly instruments, and in fact I very much prefer it to any of them.—I. W. FISK, M. D.

—G. W. BELL, M. D., Grand Rapids, Ohio, says: I used Oleo-Chyle in a case of pleuro Pneumonia, the worst I have met in forty years of practice; pus in both Pleural cavities; in fact, I had really given the case up, having used Iodo Bromide Calcium Compound, Malt preparations, Cocoa, Wine, etc., to supply the immense drain on the system of the patient, with no apparent benefit, but on administering Oleo-Chyle the effect was marvelous; the patient rallied and is now convalescent, the cure is perfect and most unexpected. There is no preparation of Cod Liver Oil to be compared to Oleo-Chyle. Our druggist now keeps it in stock to fill my prescriptions.

—SMALL-POX cases are reported in Hingham, Mass., and Rouse's Point, New York.

—A FORGED certificate of vaccination was found in the possession of a passenger on the west bound train at Ottawa, Ont. He said he paid twenty-five cents for it to an American in Montreal; that he had never been vaccinated and that certificates were being sold without stint.

—IN a recent letter from William Fobes, M. D., of Flint, Mich., that gentleman says: I recently treated a very obstinate case of Leucorrhœa, accompanied with ulceration of the womb with Geddes' Extract of Hemlock, with the best possible results. This case had previously defied every treatment.

—THE American Antiquarian Society held its seventy-third annual meeting in Antiquarian Hall, in Worcester, Mass., Oct. 21. Geo. F. Hoar was re-elected president, and Geo. Bancroft, LL. D., and Stephen Salisbury, vice presidents. The other officers were also re-elected. The report of the Council was presented by Rev. Andrew B. Peabody, LL. D., of Harvard. His topic was "Fallacies of History." The reports of the librarian and treasurer showed active work and prosperity during the half year since the April meeting in Boston.

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EASTERN MEDICAL JOURNAL

— OF —
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No. 16.

Operative Measures for the Cure of Urethral Strictures. A Case in Practice.

By **A. J. MARSTON, M. D.**

In the July 15 number of the JOURNAL may be found an article by myself, on the subject of "Stricture of the Urethra and Urinary Fistulæ," in which I attempted to give, in a brief manner, the cause, symptoms, constitutional effects, prognosis and treatment of the disease. I will quote a few sentences from that paper, as it will apply well to a recent case in my practice.

"Stricture of the male urethra is not a rare complaint, the great majority of cases arising from gonorrhœa, especially the chronic form, or gleet; yet some follow non specific urethritis. We may have traumatic stricture from rupture of the urethra by external violence. Improper use of astringent washes, and caustics may occasion stricture; also exposure to wet and cold, and abuse of alcoholic drinks, especially malt liquors. Syphilitic ulceration of the meatus will sometimes produce stricture.

"Authorities differ in regard to the most frequent localities of stricture. One states that two-thirds of all the strictures occur in the bulbus portion of the urethra, i. e. the posterior inch of the spongy portion; others say it occurs as frequently in the penile portion.

"Dr. F. N. Otis, of N. Y., claims that stricture is oftener found in the anterior part of the canal. This claim is supported by results of actual measurements of two hundred and fifty-eight strictures in the living subjects where it was shown that fifty-two were in the first quarter inch, sixty-three in the following inch, forty-eight in the next, nineteen in the next, eight in next and but six in the last.

"*Early Symptom of Stricture* is usually a slight gleet, (in fact,

almost all gleet is said to be due to stricture). However, retention of urine may be the first sign of all. Altered size and shape of the stream, when passing urine, as small twisted, forked; a few drops dribbling away after micturition has apparently been completed; difficulty in commencing the act of micturition, are all signs of stricture.

"The more advanced symptoms are, a constant desire to pass water, straining, sense of heat and soreness about the neck of bladder, smarting, especially when aggravated by imprudence of any kind; excess of acid in urine; pain in the back and perineal regions.

"Constitutional effects of stricture are loss of strength, indigestion, thinness, irritability, despondency, feverishness, of an intermittent character, chills, etc., perineal abscess may occur, and, if neglected or improperly treated, urinary fistula may result. Uremic poisoning may produce fatal termination at any time. Upon getting any of these symptoms a diagnosis may be arrived at by passing, or attempting to pass instruments. The *prognosis* is always favorable if the case is seen early and properly treated. Serious if neglected or improperly treated."

On September last, I received a letter from Dr. H—, who resides in a New Hampshire town some hundred miles away, stating that he had a patient under his care, suffering with Stricture of the Urethra, of six weeks duration; that the case had been in the hands of quite a number of the most eminent in the profession, residing within a radius of fifteen or twenty miles; that they had all signally failed to make an entrance into the bladder. Of course *nature* had performed that operation in a bungling way, to afford relief to the over distended bladder. A fistula had formed at the junction of the spongy and membranous portion of the urethra, and the urine had found escape, first into the scrotum, then to the world through an opening made by the attending physician.

In answer to the doctor's letter, I told him I would attempt to cure his patient if they wished it. The next day a telegram

summoned me to the patient's house. On examination I found the urine dribbling from a ragged wound in the scrotum through which the left testicle could be seen. Supuration was extensive, threatening destruction to both testicles.

General condition of the patient showed symptoms bordering on uremia. On attempting to pass a catheter, it stopped at about one inch from meatus; the smallest sized instrument could not pass further. On the under side of the penis, at the point where the stricture began, I found an incision, about half an inch long, in to the urethra; I was informed that an "old army surgeon" had operated on the patient three days before, and that that was his work! The vascularity of the point caused him to refrain from more extensive cutting, I was told. After learning the above facts, I had the patient thoroughly anæsthetized and placed in lithotomy position, and with an attendant to hold a steel sound in the urethra (as shown in the cut), with instructions to press it forward as fast as the obstruction yielded, I extended the incision from the point where the "army surgeon" left off, down the course of the urethra, the sound following as fast as the opening was made, until, with my finger, I discovered the opening of the passage beyond the stricture. The sound was then passed forward until it entered the bladder, then removed and a No. 12 English gum catheter introduced, and a half pint of very fetid pus was expelled. The instrument was secured in position by adhesive plasters to the penis, and, after the parts were thoroughly cleaned, the wound made was brought together with iron-dyed silk sutures. The patient rallied finely from the anæsthetic, after being under its influence one hour and a quarter.

The attendant was instructed to attach a rubber tube to the catheter, to carry the urine to some receptacle.

The catheter was to be removed in four or five days and a new one introduced in its place, and so continue to change them until the wound had entirely healed, and even after several months the patient was advised to use a flexible catheter when urinating. Within a few days I was pleased to learn that the patient had made a complete recovery.

This case would have undoubtedly resulted fatally in a short time if the operation had not been performed. It should always be borne in mind that no kind of medication will overcome organic stricture; that the only way to succeed in a cure is to *open* the closed passage at the earliest possible moment. Let not the fear of hemorrhage deter the surgeon from using his knife freely if necessary. If he knows his anatomy he will avoid blood vessels of large size; those who are not familiar with the parts should not attempt to operate.

[For Eastern Medical Journal.]

Medical Education.

EDITOR EASTERN MEDICAL JOURNAL:— A great deal of attention is now being paid to this subject in the medical press all over the country. There must be a serious condition of affairs when this matter engages universal attention. The profession even go so far, in the different states, as to earnestly urge partisan legislation against the other schools. This warfare, engendered of despair, has proved to be impotent everywhere; in New York, California and Texas. Allopathic physicians arraign congressmen, declaring them to be ignorant and venal. The truth is, congressmen, as well as the public, see through the whole matter, and refuse to be made tools of. Let the practitioners of the three schools come up to the scratch, and "*mere at dignus ferat palmam.*"

Before endeavoring, in a free country, to ostracize the other schools, allopaths—and the writer of this article is one of them,—should teach their professional brethren how to spell, punctuate and prescribe compatibles.

We do not agree with Dr. Gihon, of New York, as to the propriety of establishing a quasi medical aristocracy. In a new and free country, like ours, constantly expanding, we require an increasing number of medical schools and practitioners. Dr. Gihon's strictures and ridicule are appropriate in an old established civilization, as in Europe. Here, we do not require self-constituted mutual adoration committees to right everything; the medical public are acting now themselves in the matter; and, without the assistance of committees, crowd the lecture rooms of post-graduate schools in the various cities. Whether they learn very much of importance, is not the question; as 60 per cent. of the specialist treatment is open to doubt. But this leaving home and a lucrative practice, to take a long journey to a medical centre, shows the wish and the will for supposed improvement. This medical cry of universal ignorance is a profitable matter for post-graduate schools and specialists—a good deal of the practice of whom would not bear a too strict investigation.

Our Western men may not know how to spell, or discuss the force of the Greek enchyrics *mé* and *dé*, but one thing they are possessed of, and that is common sense. They are relent, modest men; have great natural (not artificial) resources within themselves, and, like Hamlet, can "tell a hawk from a handsaw."

Correct spelling, and knowledge of Greek and Latin are very good, but if one of a party travelling in the wild woods, five

hundred miles from an instrument depot, should break his leg—it is a good thing to have with the party a surgeon who knows how to put up the fracture properly. FAIR PLAY.

“Compound Tonic Mixture.”

EDITOR EASTERN MEDICAL JOURNAL:—I notice on p. 272 of your Journal, an article written by Geo. Covert, M. D., of Clinton, Wis., giving the formula of a Compound Tonic Mixture, but confessing ignorance of the author of the same. If the gentleman will examine Kings' American Dispensatory, edition of 1882, p. 1067, he need no longer plead ignorance regarding its author.

Regarding *Lycopus Virginicus*, if the profession will use an infusion of the same for night sweats, they will, without doubt, be as pleased with it as I have been, for during the past ten years, I do not remember a single failure when administered for the above purpose.

T. S. HODGE, M. D.

Cornwall Bridge, Ct.

Progress of Medical Science.

COCAINE IN SEA-SICKNESS.—The muriate has been successfully tried in typical cases by Dr. Manasseine, of St. Petersburg. He was on board the vessel during the series of experiments.

TUMORS OF THE SKIN, covering the whole body. A case is related by Dr. Keegan, in *Indiana Medical Gazette*; also associated with a pendulous tumor (termed dermatolysis) which hung from the mammary region down to the level of the trochanter major.

SECONDARY SYPHILIC INOCULATION.—Successful secondary inoculation was practiced on syphilitic patients; this depending on the completion of incubation of the primary syphilis; the experimenter was Dr. Pontoppidian who operated in the Copenhagen Hospital.—*Nordist Medicinskt Aakiv*.

CAPSICUM ANNUUM IN DELIRIUM TREMENS.—Dulacska reports cases in the *Pester Medicin Chirurg Presse*, treated by two grammes of the powder every hour. This induces reflex action of the pneumogastric, resulting in slowing of the heart's action. The venous circulation becomes more tardy, inducing sleep and profuse secretion of urine.

TREATMENT OF PERI-UTERINE HÆMATOCELE BY ELECTRO-PUNCTURE.—This treatment is advocated by MM. Apostoli and Doleris.

A NEW THEORY OF MALARIA. By Prof. Arnaldo, published in the *Gazzetta degli Ospitali*. His theory is that the malarial

microbe (a schizomycete) entering the spleen, this organ increases in size. The febrile paroxysm, he says, depends upon the degree of elasticity of the capsule. When the capsule is yielding, there is no fever, and then we have the hypertrophied spleen of chronic malaria. When the capsule is normally elastic, it squeezes the microbes out into the general circulation; then a paroxysm occurs of chill, etc. During the fever, the microbes are destroyed or eliminated, and there follows a period of repose. Germs remaining in the spleen now multiply, and the same cycle is repeated. According as the spleen is more or less sensitive, the various malarial types are produced, such as quartan, etc.

LOCOMOTOR ATAXIA OF SYPHILITIC ORIGIN.—This is so considered by Galezowoki and Fournier of Paris, although the latter has exclusively syphilic patients.

BACTERIA IN THE AIR—London air contains fewer bacteria than Paris air.

—REPORTS OF INSANITY. The 53d annual report of the trustees of the Worcester Lunatic Hospital, and the seventh report of the temporary asylum for the chronic insane, have been issued by the public printers. The trustees of the former institution call attention to the crowded condition, and state that the year closes with a larger number of patients than ever before. Dr. Park, the superintendent, has continued his tables of former years, showing what has happened to the 10,361 persons who have been inmates of this hospital during the past 52 years. These 10,361 persons represent 15,015 known hospital cases. Out of the 10,361 patients, there have been 3583 recoveries, a little less than 30% of the whole. Dr. Park has also investigated the condition of 828 patients who were discharged as recovered and have never returned to the hospital. Of those 828, 237 died sane, 193 died insane, 146 were insane when last heard of, and 39 committed suicide. This shows that 387 out of 828 were either insane or committed suicide after having been discharged as recovered, so that less than five-ninths of these recoveries were permanent. This would indicate that of the 3583 recoveries in the whole 52 years, considerable less than 2000 remained sane. It also appears that among these 828 recovered patients there have been, so far as known, 469 deaths, of which 30 were suicides, or one in 12. This is 12 times as great as the proportion of suicides to ordinary deaths of persons above ten years old, in Massachusetts and England.

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EASTERN MEDICAL JOURNAL.

A. J. MARSTON, M. D., Editor.

WORCESTER, MASS., DECEMBER 1, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editor, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

"The Eclectics."

Under the above caption, the editor of the *New York Medical Record* indulges in a tirade against eclectics in general. We cannot believe that the expressions given by the writer are the result of impartial thought, (we give him credit for being honest in most things, but when eclectics are discussed they must be condemned on general principles). He says: "they have declared formally against all attempts at placing legal restrictions on the practice of medicine." Further, that "all this might be very well if the principles were carried out with an honest regard for the welfare of the profession and the state. But in practice 'eclecticism' is, in the main, an attempt to justify medical diploma-mills and cheap colleges, and to organize and give respectability to quackery and quackish practices."

To, just at the present time, accuse eclectics of quackery and ignorance, while the words of Dr. Gihon—in a paper recently read before the American Academy of Medicine—gives us such a deplorable account of the disgraceful ignorance of allopathic physicians, is decidedly inopportune. The "regulars" are continually harping on the ignorance of the eclectics, in contradistinction to the knowledge of allopaths; after this honest acknowledgement of the shortcomings of his own school, by Dr. Gihon, we think the *Record's* article unseasonable. If there are any eclectics who know *less* than these allopaths, we should like to engage them for some museum. According to Dr. Gihon ninety per cent. of allopathic doctors do not know how to spell in English, let alone Latin; can eclectics beat that? The cheapest medical college in existence is being run on allopathic principles, by graduates of allopathic colleges. The *Record's* editor should have waited for a more propitious occasion to deliver his tirade.

The "Eastern."

We wish to call the attention of many of our readers to the fact that it costs *money* to run a medical journal, and a *good deal*

of money to publish a first-class, wide awake *fortnightly*. We have a large number of names on our books of physicians who subscribed one, two, three and four years ago, who have failed to remit the small amount due. To these gentlemen we ask, will you please forward the cash at once?

There are quite a number of physicians, to whom we have sent the "Eastern" from time to time, who have never subscribed. To these gentlemen we desire to state that no charges are made against them, and nothing is expected for what we have been pleased to send them; but if they, who have had a good opportunity to examine the JOURNAL, will remit the subscription due for 1886, we shall feel that our efforts to meet with their approval have not been in vain. The "Eastern" is the first independent medical journal to publish fortnightly editions; we think our efforts should be appreciated to the extent of a subscription fee, from every liberal minded physician in the country.

"Reckless Eclecticism."

The Editor of the *Indiana Medical Journal*, under the above head, thus relieves himself of long pent up indignation:—

"The editor of the *Chicago Medical Times*, with an amazing disregard of consequences, says: 'We shall declare eclectic principles first and always, with a reckless disregard of the opinions of other sects.' The *Times* has been on our exchange list for three years, and by way of compliment we will say that it is a very good Journal, and keeps fairly abreast with medicine as expounded by what it is pleased to term the 'allopathic school.'

We also exchange with other eclectic medical journals, whose editors are equally as 'reckless' as the Chicago medical man, in battling for the 'sacred principles of eclecticism,' for the preservation of which they would willingly shed the last drop of their eclectic 'blud,' and metaphorically speaking, walk over the dead bodies of acres upon acres of salivated 'allopaths.'

We have for three years past made diligent search through our various eclectic exchanges to discover these distinctive *eclectic principles*, but our efforts have been unrewarded. A great deal of editorial space is wasted in informing their readers, with a 'reckless' disregard for truth, what the hated 'allopaths' teach and practice, and there are columns and columns of sophomoric rhetoric in praise of the 'eclectic principles,' but one may search till doomsday to discover wherein eclectic practice differs from the practice generally taught by the leading physicians of the world and he will utterly fail.

As a matter of fact nearly all the eclectic medical journals are in most part compilations from the so-called allopathic journals. For instance, in the *American Medical Journal*, Nov., 1885, there are 18 pages devoted to original matter from eclectic sources and 20 pages to selections from 'allopathic' authors. In the *Massachusetts Eclectic Medical Journal*, Oct., 1885, 14½ pages to original articles from eclectic sources, and 27 pages to selections from 'allopathic' journals. And even the 'reckless' editor of the *Chicago Medical Times*, in the very number from which we quote, has given his readers 13 pages of matter gleaned from 'allopathic' journals.

If these eclectic editors really do have some 'eclectic principles' concealed somewhere about their clothes we shall be under many obligations if they will 'trot 'em out where we can see 'em.' It is extremely inconsistent for them to boast continually of the great superiority of *eclectic principles*, and then devote less space in their journals to the teaching of those principles than they do to the dissemination of the 'pernicious and destructive doctrines of allopathy.'"

The writer of the above is "away off." He thinks the eclectics ought to be able to definitely explain the difference between this school and the allopathic school, when the fact is, there is no difference between *some* allopaths and eclectics at the present day. Many honest, liberal minded "regulars" inform us (on the sly,) that *they* are eclectics, but policy compels them to keep quiet on the subject. Thirty years ago there was a marked difference in the two schools, as any one may learn if they look back; and if they are honest they will acknowledge, too, that it is the old school which has changed its practice to conform with the new school. The eclectics have been the means in the past of educating the people against the use of mercury and blood-letting, until the medical profession have been *forced* by *public opinion* to abandon its use. In a word, the eclectics have succeeded in unmasking the errors of allopathy, and have demonstrated a rational system of medication. It is an undoubted fact that the new school have developed and given to the world a new and extensive line of medicines—and the regulars have appropriated them without giving credit, and *therein differ* from the eclectics, who give credit to those from whom they obtain knowledge. The "regulars" differ from eclectics because they will not recognize any other school, though a large and growing percentage of the intelligent classes are employing eclectics, as well as other "irregulars," and sick ones persist in getting well under their treatment in quite as large proportion as those in old school hands.

Premiums.

Attention is invited to our advertising pages to note what we *give* to subscribers of the EASTERN MEDICAL JOURNAL. They are all dollar books, and of great practical value to the practitioner. Fill out the blank with your name and address, state which of the three books you want, tear out and inclose it with a dollar, and mail to us, and if you are not satisfied with what you receive, we will return your money to you.

"Eastern Medical Journal."

The JOURNAL, by some unaccountable means, failed to reach the office of one of our most valued exchanges,—the *Indiana Eclectic Medical Journal*,—until several of the fortnightly editions had been issued; when we learned the fact, we had the back numbers forwarded. The following, from the worthy editor, shows how they were received:—

"We are a little late in noticing the change in the publication

of this most excellent monthly to a fortnightly. The fault is not at this office; the *Journal* failed to reach us since the change until this date. We are frank to say a most pleasant and profitable two hours were spent in reading the six or seven issues which reached this office in one mail. It is wide awake, ably edited and full of good things. 'May it live long and prosper.'"

Lloyd Bros.

As has been mentioned in a recent number of the JOURNAL, the well known house of Thorp & Lloyd Bros., Cincinnati, O., is now succeeded by J. U. Lloyd and N. A. Lloyd, Mr. Abner Thorp having gone out of the firm. The Lloyd Bros. are too well known to require any introduction to the profession; suffice to say they will continue to supply the trade with the choicest pharmaceuticals at the old stand.

The "Specific medicines" of this house are now generally accepted as the finest examples of pharmaceutical skill. They are recognized everywhere as being the most reliable products of plants, and superior to any fluid extract. They are clear, permanent, of uniform strength, and cheap, when quality is considered. The most careful physicians now use them exclusively. Lloyd Bros. supply them in 4 ounce bottles, with full directions for use on each label.

Society Proceedings.

N. Y. Society of Medical Jurisprudence and State Medicine.

Dr. W. M. McLaury read a paper on
CREMATION.

After stating the usual arguments, pro and con, the statements were made that on account of the watery nature of the soil in New Orleans, bodies are interred, but placed very slightly under the ground, and mounds made over them; that this state of things poisons the air and neighboring wells; the ground is so soaked with water that hay is thrown in, upon which the coffins are placed. The sanitary agencies of heat annihilates cryptogams and spores. If spores be subjected to freezing, and then thawed, they are found still active. Buried bodies generate poisonous gases which in turn cause plagues and infectious diseases. Modern improvements and changes elevate the ideas of persons and never come singly. On the score of economy, thousands of dollars would be saved annually, which would then be spent on food and raiment by the poorer classes. We should do all possible to lighten the burdens of the poor, thus lessening

crime, which generally springs from poverty. This should be made a state question. It matters not whether oxidation of bodies is completed in an hour in a crematory, or in a hundred years in a grave. The ancient pyre was an offensive mode of disposing of the dead. In improved crematories, the flame does not touch the body but superheated air is used; raised to a white heat, of 2000 degrees, giving a rosy tint to the air. After cremation 4 per cent. of pearly ash remains, which is placed if desired in an urn, in a columbarium. The urn is \$10 to \$25; with cremation and tablet, the total cost is \$50 at the Mt. Olivet crematory, L. I.

Dr. McLaury then read extracts from an article written by Dr. Marble, of Worcester, in the *Boston Medical and Surgical Journal*, on this subject. The statement is made that sixty-five persons were buried alive in Italy; if this mistake were made in a crematory, death would be instantaneous and painless. Our changeable climates in the Eastern States are aids in disseminating the poison.

DISCUSSION.

PROF. ALBERT ROSSEN. The air is a natural cremator. The modern Arabs bury only at a slight depth, the bodies protruding; the sun completes the process. The Phœnicians cremated within walls and stone circles, which are blackened on the inside; and where we find large beds of charcoal.

In Palistine we find no signs of cremation, except where the Phœnicians were settled. In journeying north from Tyre and Sidon, we see these small stone erections every half mile, with apertures near the top for permitting the draught of air. These erections are 12 feet in the inside diameter; there is only one place of entrance.

The series of plagues that have scourged the world, started from Persia, that cradle of plagues; there they do not cremate, being fire worshippers they do not use fire on bodies. In that country they bury close to houses; people picnic in the burial grounds; that people have diseases which never visit us. Cremation was practiced in the balmy days of Greece.

MR. KITCHELL made a most eloquent and affecting address in favor of adhering to earth burial. He remarked that our life is made up in a great part of memories of the past and hopes which bind us to the future; these hopes and sentiments are elevating, and form part of a good life. These graves call up touching and holy memories. It does one good to go back and walk through these, God's acres, where we review many generations that have passed away from the neighboring village;

we read their names, which may be similar to those in our own village; doing this takes us entirely out of our present life, and makes a panorama out of it. Let us look forward to the great future, as man is not for a day. The goal is infinite in its march from the past, so that the time spent in contemplation of tombs is not misspent.

As regards the score of health, the present graveyards occupy a small portion as yet of the millions of acres in our vast territory.

PROF. J. L. GREENLEAF. We must consider the living members of our families, upon whom the neighborhood of dead bodies exerts a deleterious influence. In small settlements, where the air is pure, and the soil favorable, the oxidation which gradually takes place is perhaps harmless; but generally interred bodies disseminate germs. In regard to this question, let us compromise, so as to establish crematories in the cities. We can thus be left to our own preferences. With the Romans, incineration was practiced in the cities, while burial was performed in country places. The suggestion of the Englishman was then alluded to, of placing dead paupers in hydraulic cement blocks; which, when hardened, would be built into a sea-wall.

DR. S. C. WOOD. Earth is one of the best disinfectants, so we shall be a long time in accepting this outcome of materialism. We have earth dressings in surgery. I should not recommend making cremation a national statute. Disease and plague raged just as much in the times when incineration was practised, as they do now. In New Orleans, rains wash away burial mounds with no evil effects. In Washington Square, when the bodies of paupers were removed, there was no record of disease caused thereby; the children who were sick at that time, suffered from malaria, as persons do now when new streets and railroads are opened. In New England, burial grounds more than two hundred years old have not caused any epidemics. In the outbreak at Litchfield, those suffered most who lived farthest from the burial grounds. We see no more plagues in Egypt now; and in Roman history, we see no bad results from burying. Crimes never could be detected if cremation were practised, when slow poison were used; poison would be detected on exhumation.

DR. COLE. The plague broke out in London 400 years after removing bodies from a cemetery; where these bodies were used as manure, an epidemic broke out, where 1-10 of the population died. Anthrax broke out in France, after digging up animals that had died from that disease. Worms bring up disease germs. The life of germs is not limited by time, as they

can propagate after the lapse of centuries; no ordinary heat or cold affects them.

DR. HARWOOD objected to placing bodies on ice before getting the opinion of medical men as to actual death. The cholera outbreak of 1854 was traced to the opening of a graveyard.

MR. RUSSELL thought that belief in the Apostle's creed induces us to practice earth burial.

DR. MCCLAURY said that there is no proof of the identity of the existence here with that hereafter; or of the resurrection of the body. In the world, there is not more than four ounces of material substance allowed to each person. There is no beginning or end to the individual.

There is a physical impossibility to the resurrection of the body. New ideas give pain. We must educate the mind of the people up to cremation. Our bodies change with every decade; the dead body resembling any other refuse. In France wells are not allowed to be dug nearer than 100 yards from a place of burial; in Germany, 300; and in Brussels, 400 yards.

The centennial diarrhœa in Philadelphia was caused not so much by exhaustion, as by drinking graveyard water, to which visitors were unaccustomed.

Medical Items.

—INFANT LIFE HELD SACRED. Every Roman Catholic physician in New York is in receipt of a circular containing a declaration by the Pope that the killing of an unborn infant is never right, even when the life of the mother can be saved no other way. This bears upon the surgical operation, craniotomy, which is generally practised in cases where a choice is forced between losing two lives and saving one by hastening the end of the other. Inquiry of Bishop Corrigan elicits that the letter to the doctors is not official, and did not emanate from his office. The belief is that it was sent out by some person who was profoundly impressed on the subject, and sought to accomplish what he or she deemed a good purpose. The bishop said however, that the statement of the Pope's ruling was in itself correct. The question had been discussed carefully by the Inquisition-General at Rome, who voted unanimously against the practice, on the ground that the taking of human life could not possibly be justifiable, except as a legalized punishment for crime. This finding was formerly referred to the Pope, who ratified and promulgated it a few weeks ago.

—THE MONTREAL SCOURGE is gradually subsiding. The

mortality in the city for the past three weeks has been steadily decreasing, owing to the energy employed by the health authorities.

—THE VALUE OF AN EYE. Some time last year Malcom S. Doty of Genesee Falls, N. Y., while on his way home from the west, stopped at Omaha to have his eyes treated by an oculist, who discovered cataracts forming. Doty occupied a room at St. Joseph Hospital, conducted by the Franciscan Sisters. By an accident, or mistake, one of the nurses picked up a phial of carbolic acid and poured some drops into one of Doty's eyes. The result was that the eye was entirely destroyed. Doty, who was a paying patient, brought suit for \$10,000 damages. The suit has been on trial for several days in the U. S. circuit court, and Nov. 20, the jury, after having been out a whole day, returned a verdict for \$1700 for the plaintiff. The case attracted great attention, eminent counsel being engaged on both sides.

—IN the *New York Record* of Oct. 24, is noticed the appearance of a new journal entitled the "Epidemic." Before Dr. Nelson started his "Planet," curiosity was shown as to what the name of the paper would be. It was finally determined to give it a Greek name (planets, the wanderer); a friend suggested the "Emetic," another Greek word.

—USELESS AND BAD VACCINE VIRUS. A great deal of bad matter has been sent to Canada.

—JOHN A. HERRING, M. D., Garnett, Kansas, says: "There is no preparation that will fill every requirement in cases indicated, equal to Geddes Extract of Hemlock. I have used the extract in a large number of cases and can always depend upon it.

—FLIES AS CONTAGION CARRIERS. A man took variola from flies that came from a hospital several acres off.

—UNDER its new management the *Pacific Medical and Surgical Journal* well repays perusal. An important article on *leprosy* by an expert, is in Oct. number, p. 256, which we recommend to those intending to write on that subject. Other important topics of the day are considered, so as to make the *Journal* a mirror of the most advanced views. The articles are exceedingly scientific, and we congratulate Dr. Whitell and the staff.

—A TERRIBLE MISTAKE. A report is made that a physician, in Warsaw, Ohio, has made a terrible mistake. A young woman was suffering with an eye affection. An operation was decided upon, and the patient put under the influence of an anæsthetic, when one eye was successfully removed. When

the patient had recovered consciousness it was found that the wrong eye had been removed.

—AN EXTRAORDINARY OFFER. For \$1.50, we will send the EASTERN MEDICAL JOURNAL one year and a perfectly reliable Self Registering Clinical Thermometer. Do not delay to send the order, as we are limited in our supply.

—DR. GOSS: Dear Sir—I must truly say that your Practice is one of the very choicest works on my shelves. I use it as my standard work.—R. KENNEDY, M. D., Green Island, N. Y.

—R. EMORY, M. D., Taylor P. O., Manor Glen, Md., says: In answer to yours, would say that the bottle of oleo-chyle reached me safely. I gave it to my son, a delicate child of ten years, whose stomach rejected all preparations of oil. The oleo-chyle agrees with him well and has been a decided benefit to him.

—COCA-LEAF CHERROOTS.—I have received such a flood of letters in relation to coca-leaf cigars and cigarettes from all parts of the United States, since my article on this subject in your issue of October 19, that I feel sure the following letter from Messrs. Parke, Davis & Co., of Detroit, will be of interest to your readers. The letter is addressed to myself, and says:—"Referring to your article on 'Coca-Leaf Cigars and Cigarettes' published in the *Medical Times* (October 19, 1885), we beg leave to call your attention to the enclosed samples of coca-cheroots, which we have had made to meet the extensive demand you have created. A cheroot can be manufactured much cheaper than a cigar, and will, of course, retail at a lower price in proportion. Though containing about the same amount of coca as the cigar you sent us, the cheroot will retail at five cents apiece, instead of ten cents apiece, which, we believe, is the price you quoted for the cigars. Please tell your medical friends that we would be happy to send samples to those who desire to try them." In relation to the above letter, it seems to me that the cheroot fills every indication for the cigar, and I take pleasure in referring the profession to this well-known house, who will supply them with the very best quality of cheroot containing carefully-selected coca. As they are large importers of the drug, they have every opportunity of doing so. But let me say at this time that it is my earnest desire to secure a very general expression of opinion concerning the use of coca in this form from the profession, and at an early date; and it would afford me great satisfaction to receive reports of trials, whether the results are favorable or otherwise; also to receive suggestions pertaining to the subject in any form.—*F. E. Stewart in Medical Times.*

—WE would call attention to the advertisement of Wm. F. Kidder & Co., of their very valuable preparation, "Hydroleine." For consumption and wasting diseases, this is a very superior article, as has been proven by a large number of physicians. Those who are unacquainted with "Hydroleine" will be supplied with a pamphlet on the subject by addressing the above house, if they mention the JOURNAL.

—WE have taken considerable trouble to show the American Pocket Battery, at medical conventions, and think that eventually they will supplant the battery of Gaiffe, now a favorite in this section. Bullock & Crenshaw, Philadelphia, July 11, 1884.

—DELPHINIUM COMPOUND.—Worcester Pharmaceutical Co. desires us to state that the "Delphinium Compound" of their manufacture can now be purchased at Messrs. McKesson & Robbins, N. Y., Fuller & Fuller, Chicago, Ill., Pennell, Cook & Everett, Portland, Me., and Bradt & Turple, Worcester, Mass. This compound is meeting with great success wherever it has been used. Their advertisement on another page tells the story.

—The most important, because the most frequent and fatal, diseases of infants and young children are those of the digestive organs, showing themselves by diarrhœa, cholera infantum and dysentery. We consider these diseases due, in the vast majority of cases, to a want of relation between the digestive power of the child's stomach and the digestibility of the food with which it is supplied, and we have found no treatment (of course after regulating the food) so safe and successful as the administration of lactopeptine, either alone or sometimes combined with subnitrate of bismuth. Only in a very few cases do we find it necessary to use opiates, and then generally in the form of enemata. We find lactopeptine to cure diarrhœa, relieve consumption, and relieve colic; seemingly opposite conditions, but really dependent on the same cause. A good way of giving it to children is to mix it with their food, or with a few spoonfuls of milk. We have had great experience with this remedy, as with other preparations of pepsin, and find it the best suited to children of any we have used.—*Western Lancet, San Francisco, Cal.*

—IT is not only invalids and children who delight in Mellin's Food, but a large class of consumers whose digestive organs require delicate treatment. The Food is so nourishing and so delicious that those with any delicacy of constitution will find it better than medicine, and the concentration of nourishing properties. Every year increases its popularity with the medical profession.

EASTERN MEDICAL JOURNAL

— OF —
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VOL. IV.

WORCESTER, MASS., DECEMBER 15, 1885.

No. 17.

[For Eastern Medical Journal.]

The True Relations of Medicine and Surgery to Dentistry.

By **GEO. A. MILLS, D. D. S.**

EDITOR EASTERN MEDICAL JOURNAL:—Not a little of superfluous energy has been devoted to the question if dentistry is in its practice a separate and distinct calling from that of the physician or doctor, but the average man of sense and intelligence at the present time needs no argument to convince him that the art of healing belongs as appropriately to his dentist as his doctor. The old idea that the dentist is only a tooth-puller, a tooth carpenter, and a man who makes artificial teeth is, I may say, very old to-day. Medical science and practice covers large ground, and the practitioner in any specialty should command respect, and win confidence for what he has learned thoroughly by investigation, study and valuable experience. The sphere of the dentist is much enlarged, and also the opportunities for compassing the field. The retrospect abounds with the faults and failings of both medical men and dentists.

A true and harmonious education in all that pertains to medicine and dentistry, ought finally to bring about a firm and undoubted union of all branches of the healing art as applied to the human family. Every legitimate aid being called in for the purpose of consummating these benevolent ends, and he must be a dull and careless observer who cannot see that we must eventually have, in truth, the survivor of the fittest in our various branches of medicine and surgery. The highest good of all concerned should be considered and consistently advocated.

1889 will commemorate a half century since Chapin A. Har-

ris, M. D., a noble-hearted citizen of Baltimore Md., and a practicing dentist, was moved by a courage of his convictions that could not, nor did not, except any deterrent from the sense of duty he was inspired with, but being moved forward to found an institution for the promotion of the interests of dentistry, looking to nothing short of placing it upon its legitimate basis, namely, science. So that to-day the Baltimore Dental College stands as the *alma mater* of a large number of schools in which dentistry is being taught as a scientific calling. In the development of these several schools, there is slowly, but healthfully I believe, a growing tendency to union with medical schools, so Harvard, Ann Arbor, Pennsylvania, Vanderbilt, California, and of late, the National University at Washington, D. C., are all well in the field with a progressive annex for dental teachings. Medicine, the mother of the healing art, is now an arch angel of mercy (except, as Charles Lamb once said of college aid, "only a little damaged,") and this for the lack of adopting the specialty of the dentist. No one for a moment would or does attempt to argue the propriety of the necessity for a thorough medical education of all other specialties, and this associated with the general lecture room for medical teachings.

I well recall the late emphatic words of Prof. Thomas, the eminent gynecologist, in his lectures, advocating this very idea. "The importance of general teachings for special purposes." Multiplied instances of office practice could be enumerated to verify the necessity of associate teachings of the general practitioner and dentist, and if related would take no little of the puff out on both sides. As it is not my thought or purpose to create ridicule, I gladly pass to consider the mutual profit to all concerned, and if any suggestion I may offer shall be wisely appropriated, I will not speak amiss.

The moral centre of our profession is based upon the ultimate purpose of ameliorating the physical sufferings of the human family, therefore thus centralizing about the benevolent aim of professional life an atmosphere of help in proportion to its intensity of purpose, and the more all can do in any way, however humble, the more speedy will come our maturity, and the Ameaba of small beginnings will go on from conquest to conquest until prevention shall in a large measure take the place of cure.

Nothing, probably, is more true than that the development of mechanism has largely preceded medicine and surgery in the practice of dentistry, and this has resulted in too many examples of misapplied energy, ending in suffering and wasted pur-

pose. I think I am justified in saying that no one specialty demands so largely of all the faculties as the dental, and I assume that this fact will, by a proper arrangement of united study be duly discovered, and a more unique class of men will be attracted to the vocation. Prof. Garreston, of Philadelphia, who has acquired a national reputation as a teacher and practitioner of oral surgery, and has gone through an extended practical experience in dental practice, has lately said to me, "to produce the best surgeons, oral or otherwise, I would educate them in all that pertains to dentistry, for I believe in no way can a better manipulative ability of the hands be acquired." As a bond of interest and an attraction to liberally educated gentlemen, there is no special branch of medicine and surgery that offers more than the field of oral surgery and one that demands the best attainments. To prepare an article on dental surgery, as I was invited to do by the Editor of this Journal, I did not deem it a branch that compassed the field of the dental specialist as it stands to-day before scrutinizing intelligence. Therefore I felt that I owed it both to the mother profession, and dentist, that what I did have to say should be in the direction of securing an intelligent attention to the mutual interests of both. For when it becomes apparent that our interests are one, an easy path-way to the unity of our purpose will be secured. No one is more conversant with the fact than I am that dental practice is far from a completeness at the present day. But to one as familiar with its progress during the past thirty years as I am can see much that evinces wide scientific growth, and because of this fact, it is to go on to its ultimatum. Great changes have occurred during these years in modes of practice, and this in the line of conservatism. The indiscriminate is no longer countenanced by the intelligent practitioner.

Concerning a large number of teeth that require complicated operations for restoration of disintegrated portions of teeth by disease (which is called decay,) by such materials which under good judgment retains these valuable organs as a boon of comfort and use to the possessor. Pulpless teeth, (commonly called nerveless teeth,) are now made by the intelligent application of medicine and surgery preeminently comfortable and useful, notwithstanding much has been written of late, and published in the *New York Medical Record* against their retention, from the standpoint of the medical gentlemen who have written these articles. These things seem too true, but there is another point which could present a better practice. This one point alone should help to convince both sides of the immense value of as-

sociate clinics, with a class of talent that can prove what they claim, or, if not, modestly retire. Never has there been a time when the surgical aspect of dental practice has commanded the intelligent attention as it does to-day. As I have alluded to the development of mechanism in our practice, being entirely in advance of medicine and surgery, it is because of this lack of the knowledge of these branches that so much of ill repute has come to the door of the dentist, and it is only those of large experience and observation that can look upon things as they have been, and will continue to be, under the process of evolution, that can be patient and charitable under the criticisms that have come, and will continue to come, until unity of common interest shall be matured by attainment of ability able to compass such an able field as oral surgery offers. It will be demonstrated as it is gradually being done, that largely what has been embraced within this scope of major operations in surgery, will be reduced to minor ones, and the afflicting mistakes that are too common as yet, will no longer be repeated.

The wholesale removal of teeth that characterized so much the earlier practice, was based upon the insignificant value, placed upon the human teeth, and that an ounce of remedy was worth a pound of cure. Alas! How much of added suffering has come from such an erroneous idea. To be sure, many present ills have been relieved, but have given birth to others of much greater magnitude, which are not only exhibited by thousands in all our thoroughfares in the distorted countenances in the human face divine; and this is but a tithe; the real faces proving that countless lessons have come in by the minor reduction of ills, increasing to a flood of others that one scarce can number. The loss of a proper and so essential ability for the necessary combination of food at the vestibule of nutrition originating unlimited number of dyspeptics, together with the need of appliances of a foreign nature (artificial teeth) all of which are in a greater or less degree incompatible associates of the tissues with a varying degree of health, these bringing about in increased deterioration of the already deteriorated mucous secretions. While it would seem that a mind of average culture in the field of pathological expression could with a single swoop of outlook in thought emphatically say, certainly this is enough, but it is in truth only a true story half told. I have not yet hinted that the untold and excruciating agonies of that *bete noire* of human affliction, tic doléreux, originating so commonly, as now so well known, in the tracks of cicatrized tissues, both of the hard and soft, and this following directly too often in associa-

tion of unnecessary extracted teeth. For fear of by a too extended array of well fortified facts, I may weary and distress, I will direct the thought, by way of encouragement, so prominently coming into way of application that betokens so much of good, not only to the relief from so general infraction of the facial expression, but the reduction of suffering in a large sense, to quite a minimum. The question of a healthy mouth, as it is being evinced in the literature of dental journals of to-day, allows me to state that it is one of the most prominent of interest, and this is due to the fact that a condition of unhealth, in the mouth, which has been considered by dentists at large as being without the pale of remedial service, and thus left to carry its besom of destruction to health and loss of thousands of useful teeth, to a magnitude that measured in proportions and its results of an afflicting nature, has been, and is yet, perfectly appalling. Without going into anything of a minute detail of the history, theory and practice, which is now being demonstrated, a change of thought and practice is maturing a hope of large possibilities as a salvatory factor in the mission of the dental specialist. For the sake of emphasizing the introduction of the origin of this change of thought and practice, I refer to an article by me, prepared for and published in the *New York Medical Journal*, number of 25th of July last, on "Riggs' disease," (pericementitis—pyorrea alveolaris—loose teeth, diseased gums, catarrh of the gums and etc.'s of improvised terms, all of which are embodied in the domain of "Riggs' disease," as will be seen by the article referred to.) Also I will refer to an article prepared by invitation, and read before the Kings County Medical Society, May 18, 1882, and published in their society journal, under the title "pericementitis," its manifestations in the oral cavity and its serious effects. (A reprint of these articles can be supplied by me on application.) I think I have said enough to convince some, at least in a degree, that stimulate increased disposition to accord a larger purpose for unity, that shall hasten a completed co-operation, and mature the final acceptance of the truth that our aims are one. To one with quite a limited acquaintance, even of dental literature, the facts are preeminently seen that the demonstrated science allied to the interests of dentistry is worthy of, and is attracting, the attention of the best scientists of the world. I refer with associate pride to much already published as the result of microscopical investigations, (by dentists) in the field of embryology, histology, minute anatomy of the teeth, the pulp, (commonly called nerve,) and the etiology of the disease of teeth, (termed dental caries). All of

these subjects have been under a range of intelligent discussion that betokens ability, that argues great good for the future. I trust that what I have laid before the readers of this journal, although imperfect and incomplete, yet enough that will present a perspective outlook, in a larger measure become attractive, and that the bonds of mutual interest shall become closer, and the true relations of medicine and surgery to dentistry may ultimately mature a lasting unity and result in blessings to all mankind.

NEW YORK CITY.

[For Eastern Medical Journal.]

Medical Education.

EDITOR EASTERN MEDICAL JOURNAL:—I have noticed of late almost in every Medical Journal that comes to my table, a lengthy article written by some person under the above caption. Allow me to say I have been a practitioner of medicine and surgery since 1857, and I would like to contribute a few ideas to your valuable journal. First, what is a medical education? Second, who are those that possess a medical education? Now I beg leave right here to make an illustrative remark: A man has two sons; one I will call John Dough-head, the other Richard Go-a-head. John is given his choice in professions; he chooses medicine for his study; he selects his school and it is allopathy. Now John's mental caliber is only one-half the capacity that Richard's is, but he is educated to the fullest extent. Richard, also, chooses medicine as his favorite study, and his choice in schools is eclectic. John has had three years' study, has attended three courses of lectures, and graduated in accordance with the curriculum of his *alma mater*. Richard has read medicine but one year, has attended but one course of lectures, yet is more thoroughly qualified to practice his profession than John is. Why so? Simply this reason: his mental caliber is greater, his perceptive powers are more acute, his memory more retentive, his mechanical abilities greater; he is superior in every respect. He continues his three years' study; he also attends his three courses and graduates. He goes out before the public a brilliant star in his profession. He wins fame; the confidence of the people are reposed in his skill and abilities; he is favored with many friends. Ah! where is John; he is a graduate and perhaps has taken the prize of his class competitors. Excuse me, I see him now; he is perched on his dignity, and cries quack, and wishes Legislatures would enact laws and create Medical Boards to prohibit those "confounded eclectics" from knowing so much

more than the "regulars." Now, John, the best thing you can do is to go back to the old wooden mould-board plow, the old hand-sickle for reaping grain. Do away with railroads, telegraph and telephone, demolish the patent-office, stop the wheels of progress, kill the monster called improvement, and sit up high on the pinnacle of the past with all your obsolete customs and theories and cry, with a loud voice, "Woe unto ye people that are irregular,—especially the confounded eclectics; they cure two to our one; out with them, crucify them, they are not *regulars*."

[*To be continued.*]

J. P. MARSH, M. D.

Binghampton, N. Y.

[For Eastern Medical Journal.]

Dry Dressing for Wounds.

TO EDITOR EASTERN MEDICAL JOURNAL:—Dear Sir, in response to the general invitation to contribute to the the "JOURNAL," I beg leave to say a few words in regard to the "dry dressing" of wounds, I am fully aware that neither the subject nor the material of the dressing, is a new one, but I wish simply to bring before the readers of the "JOURNAL," who have not yet made use of it, in certain conditions of wounds, the value of its application. Having had lately a number of wounds which have been slow in healing, I have with success employed the dry dressing to be spoken of. The agent is "absorbent cotton"—used alone, or antiseptically medicated. My experience, however, in these last few cases, has been, experimentally, with the *unmedicated* cotton; which in most cases I have found to answer every purpose of the *medicated*. I usually feel that it's use is preferable to wet dressings where discharge is profuse, (retarding healing process) where the wound is kept bathed in its own discharges, and where fetor co-exists. Under these circumstances, wet dressings have in my experience often proved harmful, the excess of moisture alone seeming to prevent healing. The absorbent cotton keeps the wound or sore comparatively dry, favors the healing process, and seems entirely to arrest fetor. My use of it has been simple,—covering the wound with the cotton, so that a soft cushion is immediately over it—the cotton to be retained with a bandage. If discharge is very profuse, the cotton can be changed twice in the 24 hours; if not, allow it to remain undisturbed until the next day. It is truly remarkable how marked may be the fetor, and how often it is readily obviated by use of the cotton, also how quickly and

completely a wound will often heal with dry dressing, when all kinds of wet dressings have been used without avail. A case or two in point will sufficiently explain. Some two weeks ago I was called to attend a lady who had fallen from a chair on which she had been standing. In the act of the chair tipping, she fell forward on the top of another chair, the top of the second chair passing between her legs, separating the labia, and the whole of her weight coming upon her left labium minorum and the vestibule.

The labium was laid open to the bottom and to the extent of about 3-4 of an inch in length. The vestibule had received a severe contusion and was more or less denuded of its mucous covering. The hæmorrhage at the time of the accident was profuse. I took stitches in the cut surfaces and with a favorite wet dressing tried to heal the lacerated parts. The wound, however, became the seat of a watery discharge, and the parts were so sore that they could not be approximated by the patient. Finding the discharge becoming more profuse and offensive, I changed my dressing. The wound, however, grew worse and I feared the result. The parts were then so excoriated from the discharge, the lady refused to apply anything else. I then suggested the cotton, stating its purpose; she consented to use it and did so. On my next visit she spoke in high terms of it; said she could put her thighs together without the intolerable soreness, and the fetor and discharge was much less. She spoke of the cotton as being very soothing, and the first comfort she had had since the time of the accident. In three or four days I removed the stitches, and allowed her in two or three days more to walk about her chamber. Her recovery was immediate and perfect.

A short time before, when speaking with a medical friend of mine of a wound he was at the time treating, he remarked that he could seem to get no further in the healing process. That the wound was discharging profusely and as fast as healing essayed to take place, it would be washed down by the discharge. I asked him to try the cotton; he did so with splendid effect, recovery being complete and rapid. In a running sore, with profuse discharge and fetor where I used it lately, the result was the same; but cases multiplied, could not make it clearer. The principle seems to be, that some wounds need dryness and an abundant dressing to promote rapid and perfect healing, and when a wound troubles us unusually we may perhaps think of the "absorbent cotton" with advantage.

B. H. BURRELL, M. D.

Boston Highlands, Mass.

Progress of Medical Science.

MEDICINES WHICH STIMULATE THE LIVER.—Podophyllin in small doses, is a stimulant of the liver. During the increased secretion of bile, the percentage amount of special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Euonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestine as podophyllin.

Sanguinarian is a powerful hepatic stimulant. It also stimulates the intestine, but not nearly so powerfully as podophyllin.

Irisin is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerfully as podophyllin.

Leptandrin is an hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic as well as intestinal stimulant.

Menispermis does not stimulate the liver. It slightly irritates the intestinal glands.

Babington is an hepatic, and also an intestinal stimulant of considerable power.

Phytolacin is an hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic and mild intestinal stimulant.

Chloride of ammonium is credited with cholagogue properties, but it is questionable; nevertheless it certainly stimulates the intestinal glands.

Calomel is a powerful purgative, but whether it stimulates the liver is still *sub judice*.

Corrosive sublimate is a potent hepatic stimulant, but acts feebly on the intestines.

Sulphate of potash is a powerful intestinal irritant, but its action on the liver is variable and unreliable.

Taraxacum is a feeble hepatic stimulant.

Dilute nitro-muriatic acid has a moderate stimulant action on liver.

Boldo, bromide of potassium, nitrite of potash, and hard soap have each some stimulant action on the liver.

CUPPING IN HERNIA.—Dr. Middleton (Weekly Medical Review) was called to a case of strangulated inguinal hernia. He gave the patient an opiate and tried to perform taxis, but failed; and then sent for chloroform. In the mean time the patient suffered such intense pain in the region of the umbilicus that the Doctor tried to mitigate his sufferings by placing two large dry cups in that locality. After allowing them to remain there for a few moments, the hernia spontaneously disappeared.

SANTONINE IN AMENORRHŒA.—Dr. Walter Whitehead (*Manchester Lancet*) reports several cases of amenorrhœa which were cured by one or two ten-grain doses of santonin after permanganate of potash and other remedies had been tried in vain.

TREATMENT OF GOUTY JOINTS.—To shorten an attack of acute gout, Dr. Rothe recommends repeated cold douches followed by an application of the following solution: Liquor plumbi acetat., 15 parts; spiritus vini, 25 parts; tr. opii ammoniat., 5 parts; aquæ font., 300 parts. Compresses wet with the solution are to be applied to the affected joint and covered with rubber tissue. The writer has seen great relief of pain follow this treatment in other patients as well as in his own person.—*Memorabilien*, Nov. 4, 1885.

TREATMENT OF PULMONARY GANGRENE BY INHALATIONS OF CARBOLIC ACID.—M. Paul has employed this method in seven cases, in all of which a rapid and permanent cure was obtained without the appearance of any toxic symptoms. The solution employed was of the strength of one part in seven of water, and was enclosed in a flask, the patient inhaling the vapor. In addition to this, eucalyptus was employed internally in doses of one-half drachm of the alcoholate per diem—*Bulletin General de Therapeutique*, September 15, 1885.

TO INCREASE THE ADHESIVE PROPERTIES OF PLASTER.—Dr. H. R. Kelly, of Galion, O., writes that a sponge, saturated with strong ether, passed lightly over the surface of adhesive plaster, will cause it to stick firmly to the skin. No heat is necessary, and the plaster will adhere closely over its whole extent. Spirit of turpentine will act in the same way.—*Record*.

—AN EXTRAORDINARY OFFER. For \$1.50, we will send the EASTERN MEDICAL JOURNAL, one year and a perfectly reliable Self Registering Clinical Thermometer. Do not delay to send the order, as we are limited in our supply.

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EASTERN MEDICAL JOURNAL.

A. J. MARSTON, M. D., Editor.

WORCESTER, MASS., DECEMBER 15, 1885.

While the JOURNAL will not hold itself responsible for the opinions expressed, unless endorsed by its editor, it solicits for publication any practical articles, suggestions or information that will make it more interesting and valuable to its readers.

Pasteur's Experiments.

The French scientist, Pasteur, has made experiments by which he has demonstrated the feasibility of inoculation as a protection against that terror of diseases, hydrophobia.

The results of these experiments places one more powerful weapon in the hands of vivisectionists, who now find arrayed against them a large following of highly respectable and otherwise sensible people. Notwithstanding all this opposition, the vivisectionists still pursue their investigations, but under great difficulties. There are some men to whom such opposition is only a stimulus under which they work with greater enthusiasm, but to most men—and scientific searchers after knowledge are no exception—the approval of their fellowmen is dear. The long years of toil in the laboratory by this painstaking, patient man, this indefatigable worker, is resulting in success, and only serves to point the moral, that no minor consideration should stand in the way of an honest attempt to benefit humanity, by discovering some means to alleviate suffering and disease.

End of Volume Four.

With this number of the EASTERN MEDICAL JOURNAL volume four ends. We leave it to our readers to judge how well we have discharged our obligations as editor. Many changes have been made in the JOURNAL; some of them at great expense. Our efforts to present a Medical Journal of practical use to the physician have met with the approval of many of our subscribers, who have cheered us by encouraging letters. For the year to come we promise to give every subscriber his money's worth, at least. One dollar per year is the subscription price. Can you do better than invest that amount for a wide-awake fortnightly journal of practical medicine?

—INDEX FOR VOLUME FOUR. Our readers' attention is called to our index of contributors and subjects, for the year past. Physicians from *fourteen states* have assisted in making the "Eastern what it is—a first-class medical journal.

Society Proceedings.

The American Academy of Medicine.

Meeting of Oct. 29, 1885

DR. A. L. GIBBON, Medical Director, U. S. N., read a paper on "What is Medicine?" It was a series of statements and arguments concerning the present lack of effective and complete medical education of allopathic physicians; many amusing anecdotes being interjected. Our space being limited, the following is a condensed resume of the paper.

Our doctor-mills turn out quantities of ignorant practitioners every year; their parchment diplomas of proficiency being falsehoods. In this matter, our quasi friends show lukewarmness, being chary of speaking in public, although they may write about it in private. As to medical journals, their proprietors and publishers are more to blame than the editors. Bogus medical concerns are started, and a vast interest exists in the manufacture of patent medicines. There are 563 patent medicine factories, with a capital of ten millions, turning out an annual product of fifteen millions. There is appearing at present a reform among medical editors. Out of a list of 87 medical schools 39 have been in operation only since fifteen years; and twenty-one since five years. Asses' ears protrude under the M. D. Many doctors merely remember a certain remedy for every disease. The science of medicine compresses whatever relates to the history of man. Our doctors know no more of the science of medicine than the engine-driver does of the science of mechanics. The study of nature (physics) must be reached by climbing the lowermost round of the ladder, but universal knowledge is not desirable in a physician. One cannot be a doctor unless he be an educated man; and he should not ascend into the realm of metaphysics, as well as the study of physics; instead of this, a man studies medicine as he marries—from a whim. They chose the medical profession, out of indolence; people leave other trades which are unprofitable, to follow the lucrative business of "doctering." These graduated ignoramuses are then admitted, and generally conceded to be on equality with learned professors—their peers! They go through the course, hearing technical words, without any preparation. A large number of subjects are listened to in the first year, which should be placed in the succeeding years. Grocers' clerks, painters and piano-tuners turn doctors, and leave their card. Out of the 102 colleges in U. S. and Canada, only a certain number exact preliminary matriculation. Some col-

leges only expect payment of lecture fees; some institutions give a special examination to those graduates who are going abroad, so that they will be recognized by foreign schools! The orthography in the examination papers is horrible; one candidate wrote "*persew*" instead of pursue, another wrote "*Belview*" for Bellevue hospital—the very place where he had studied. [Great laughter.]

Shall we exclude these people? they are dangerous to society. Why *cheapen* the attainment of medical knowledge to every purchaser? We should not adapt the course of studies to the understanding of the students, but elevate the understanding of the students to the proper course of studies. There is an epidemic of incompetence amongst the bodies and idlers who enter our profession. In Paris, the examination theses are printed, and kept to be referred to as sources of information; our theses here would not require the aid of Mark Twain to fancifully alter their spelling. Our doctors know very little about chemistry, as can be gathered from the incongruous elements in their prescriptions. Three thousand doctors are annually let loose upon the country. We should effect an equalization of knowledge among our doctors, by elevating all to the same plane. Medical men themselves should effect a radical reform. Credulity in the public mind will always give a chance for charlatanry, which is ever profitable. Why is not the same care exercised in every town, as in army and navy medical examinations? I am in favor of putting up *more* barriers. When a druggist makes a mistake it is heralded all over; but in point of fact, many mistakes in doctors' prescriptions that would be fatal, are quietly rectified by druggists. The handwriting of these prescriptions is very careless; there is an absence of punctuation; English and Latin words are mingled together. Giving these doctors absolute control over the lives of men, we reap what we sow.

These doctors cater to the whims and prejudices of their patients. Medical treatment is speculative until we know where life begins and ends, and also until the secrets of disease are resolved. Science is not retrograde. The tricks of doctors resemble the former stock in trade of clergymen who foretold the terrors of hell-fire to evil doers. Educated physicians should be assigned a place in the highest councils of the nation. There should be a Bureau of Public Health, like other Bureaus. There is a Board of Health in all the states except five, but the work of these Boards is valueless, unless the work is performed solely by medical men.

The health of children at school is a very important matter. Children are compelled to study while assuming angular postures; over-study leads to emotional symptoms; there is an alarming increase of insanity. The arrest of morbid conditions would lead to the repression of crime. Physicians should combine sociological problems with their works. Microbes are our friends as well as our foes; they purify the air, and prey on our natural waste. Germicides are useless, when by the exercise of sound sense, we can obviate the formation of microbes. It is absurd to suppose that we shall suffer our bodies to be pricked with inoculations of almost every disease. In future we shall have more 'culture' than drug stores [laughter]; the germicides we pour into our closets are useless. To-day, microscopical pathology holds its sway, so that germicides are the latest curables. There should be a chair of the physiology of medicine. We repeat rules of ethics, like we say our prayers and litanies. Secession leads nowhere, and disunion is no remedy. [approbation.] The multiplication of religions has lead to scepticism; it is the same with a multiplicity of codes. Educated and honorable men have little need of codes of instructions. Four annual terms are preferable to three, with a year of tuition with a preceptor. As to medicines, instead of huge, ever growing dispensaries, old physicians prescribe only a number of medicines that they can count on their fingers; so that we do not require drug confectioners. Pure Hahnemannists are now almost extinct. The body is now parcelled out, with special guardians to every part, except fingers and toes; but even chiropodists are demanding recognition. Ptomaines are more dangerous than microbes.

Medical Items.

—BISMUTH IN THE TREATMENT OF SWEATING FEET.—The *Union Medicale* cites Vieusse's recommendation of daily frictions with subnitrate of bismuth as a remedy for foetid perspiration of the feet. The spaces between the toes should not be forgotten. The treatment is to be continued for about a fortnight. After the second or third friction, the sweating becomes less abundant, and the soreness rapidly subsides. The epidermis soon loses its white tint, and adheres more firmly to the subjacent derma, the excessive action of the sudoriparous and sebaceous glands diminishes, the perspiration becomes less irritating, and about the sixth day resumes its natural look.

—THE FAC SIMILE OF HARVEY'S MS. LECTURES.—As

our readers have been informed, Harvey's MS. Lectures will soon be published in fac simile of the author's handwriting, accompanied by an interleaved transcript in ordinary printer's type. We learn from the *Medical Times and Gazette* that the work is making good progress, and that Messrs. Churchill have every expectation of issuing it to the subscribers early next year. The photographic reproduction has been very successful, so that many of the MS. passages come out more legibly than in the faded and time-worn original, a result which has not a little facilitated the labors of the transcriber.

—“THE History and Treatment of Thirty Cases of Diphtheria” was the title of a paper read before the State Medical Association at the Carnegie Laboratory Nov. 20, by Dr. Samuel W. Smith, of New York. Dr. Smith explained his treatment of each case in detail, and the symptoms manifested by the patients. He said that he has been taught to believe that diphtheria was primarily a constitutional disease having a local expression in the throat and glands of the neck, but his experience in treating the disease confirmed him in now believing diphtheria to be a local disease with a constitutional expression. While his treatment had been generally successful, he did not believe that there was any specific cure for the disease known to the profession as yet. He had prescribed a milk diet in his cases, and not a drop of alcohol or grain of quinine had been given his patients while he was in attendance.

Dr. John Shrady, of New York, read a paper on a case of cancer of the kidney, and papers were read by Dr. Robert Newman and Dr. Thomas H. Manley.

The closing session was held in the afternoon at the Carnegie Laboratory. Dr. Louis A. Sayre discussed the treatment of spondylitis or caries of the spine by partial suspension and the plaster of Paris jacket, and the treatment of rotary lateral curvature by gymnastics and partial suspension and the plaster of Paris corset. Dr. Sayre demonstrated his arguments by practical application to cases. “Notes on Contracture of the Bladder Consequent upon Cystitis” was the title of a paper read by Dr. John W. S. Gouley, of New York.

—DR. FORDYCE BARKER, Dr. T. Caillard Thomas, and Dr. Thomas Addis Emmet, of New York, and Dr. William Goodell, of Philadelphia, have been elected honorary Fellows of the British Gynæcological Society.

THE SMALLPOX EPIDEMIC.—We are sure all our readers will be glad to learn that the death-rate from smallpox in Montreal is rapidly decreasing. There is every appearance that,

